

960235-W5

ORIGINAL  
FILE COPY

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
DEP CENTRAL DISTRICT  
3319 MAGUIRE BLVD.  
SUITE 232  
ORLANDO, FL 32803-3767

4a. Article Number  
Z 158 193 325

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
7/22/96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Wanda Ward*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG   1
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   1
- WAS   1
- OTH \_\_\_\_\_

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
STATE OF FLORIDA PUBLIC  
COUNSEL  
C/O THE HOUSE OF  
REPRESENTATIVES  
THE CAPITOL  
TALLAHASSEE, FL 32399-1300

4a. Article Number  
Z 158 193 326

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
JUL 23 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Stephen Farn*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

DOCUMENT NUMBER - DATE

07916 JUL 30 96

FPSC-RECORDS/REPORTING