

ORIGINAL

RECEIVED- FPSC

05 JAN 31 AM 10:52

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <u>041036</u> Robert James Durkin 7806 Duck Pond Court Hudson FL 34667-7110 <u>CO -</u>	C. Signature <input checked="" type="checkbox"/> <u>[Signature]</u>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
PS Form 3811, March 2001	3. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7002 0860 0001 1759 7814	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-0056-CO-7c

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1 _____
- OTH _____

DOCUMENT NUMBER-DATE

01066 JAN 31 13

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