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	No. 1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Name Yes
1. Article Addressed to: 1. Article Address	If YES, enter delivery address below: Sometimes of the state of the s
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 700L (Transfer from service label)	2760 0003 8796 8278
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

Markey Francisco BATE

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