110082-EI

RECEPT - TPSC

11 APR -4 PM 1:48

COMMISSION CLERK

JOMPLETE 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 X. A. Signature X. D.	
106 East College Avenue, Suite 800 Tallahassee, Florida 32301-7740	3. Legistered Express Mail Legistered Return Receipt for Merchandise sured Mail C.O.D.
1100 85-E1 complaint.man	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7009 341	0 0002 4112 5344
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE
02244 APR-4=

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