

RECEIVED-FPSC

11 NOV -9 PM 2: 38

COMMISSION
CLERK

<p>ORDER COMPLETE</p> <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. 		<p>RESTRICTED DELIVERY</p>	
<p>1. Article Addressed to: 110000-OT 01254-10:01303-11 01796-11</p> <p>JORGE CHAMIZO ESQUIRE FLORIDIAN PARTNERS LLC 108 S MONROE ST STE 200 TALLAHASSEE FL 32301</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>G. Winters</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) G. Winters</p>
		<p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7009 3410 0002 4112 6938</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102505-02-00-1540</p>	

DOCUMENT NUMBER-DATE

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