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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>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.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Walter H. Jinters</i> <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 120000-OT 00656-10; 03301-10; 06246-10; 08550-11</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 1-24-12</p>
<p>JORGE CHAMIZO ESQUIRE FLORIDIAN PARTNERS LLC 108 S MONROE ST STE 200 TALLAHASSEE FL 32301</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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <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>PS Form 3811, February 2004</p>	<p>7009 3410 0002 4112 7041</p>	<p>102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

00498 JAN 25 2012

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