

RECEIVED-FPSC

12 FEB -6 AM 10:51

COMMISSION  
CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | <p>A. Signature<br/>X <i>M. Schneider</i> <input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)<br/><i>M. Schneider</i></p> <p>C. Date of Delivery</p>   |
| <p>1. Article Addressed to: <i>120007-EI<br/>07982-10</i></p> <p>STEVEN R GRIFFIN ESQUIRE<br/>BEGGS &amp; LANE<br/>501 COMMENDENCIA ST<br/>PENSACOLA FL 32502-5953</p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number<br/>(<i>Transfer from service label</i>)</p>  | <p>7009 3410 0002 4112 7126</p>  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540