


RECEIVED-FPSC

12 MAR 14 AM 9:13

COMMISSION  
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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 <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 120009-ET 04080-09; 05148-09</p> <p>DIANNE M TRIPLETT ESQUIRE CARLTON FIELDS PA STE 1000 4421 W BOY SCOUT BLVD TAMPA FL 33607-5780</p>	<p>B. Received by (Printed Name) C. Date of Delivery Jeremiah 3/12/12</p>
<p>2. Article Number (Transfer from service label)</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>PS Form 3811, February 2004</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>7009 3410 0002 4112 7416</p> <p>Domestic Return Receipt 102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

01478 MAR 14 2012

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