
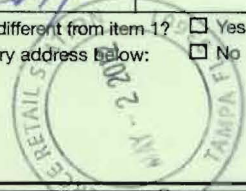


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: 110271-GU 110277-GU 00537-12; 01546-12</p> <p>ANSLEY WATSON JR ESQUIRE MACFARLANE LAW FIRM ONE TAMPA CITY CENTER STE 2000 201 N FRANKLIN ST TAMPA FL 33602</p>	<p>A. Signature</p> <p>X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name)</p> <p><i>AS Scott</i></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>2. Article Number (Transfer from service label)</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>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>	<p>7009 3410 0002 4112 8338 102595-02-</p>

DOCUMENT NUMBER - DATE

02855 MAY -4 2

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