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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 090402-WS DN 01251-10	B. Received by (Printed Name) Dana E. Rudolf	C. Date of Delivery 06/07/12
CHRISTIAN W MARCELLI ESQUIRE ROSE SUNDSTROM & BENTLEY LLP 766 N SUN DR STE 4030 LAKE MARY FL 32746	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7009 3410 0002 4112 7904	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

DOCUMENT NUMBER-DATE

03776 JUN 11 09

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