

RECEIVED-FPSC

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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>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>X Mary Davis</i>	
1. Article Addressed to: <i>120000-OT 02765-12; 02766-12</i>	B. Received by (Printed Name) <i>Mary Davis</i>	C. Date of Delivery <i>6/25/12</i>
<div style="border: 1px solid black; padding: 5px;"> <p>STEVEN R GRIFFIN ESQUIRE BEGGS &amp; LANE 501 COMMENDENCIA ST PENSACOLA FL 32502-5953</p> </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Article Number <i>(transfer from service label)</i>	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.	
Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  7009 3410 0002 4112 7935	Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>

DOCUMENT NUMBER - DATE

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