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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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) Dana E. Rudolf</p> <p>C. Date of Delivery 08/14/12</p> | |
| <p>1. Article Addressed to:</p> <p>Martin Friedman, Esq. Rose, Sundstrom & Bentley, LLP 766 North Sun Drive, Suite 4030 Lake Mary, FL 32746</p> <p>DK# : 110264-WS DN : 08468-11</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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Transfer from service label)</p> | <p>7009 3410 0002 4113 1109</p> | |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt</p> | <p>102595-02-M-1540</p> |

DOCUMENT NUMBER - DATE

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