

RECEIVED-FPSC

12 OCT 29 AM 9:45

COMMISSION  
CLERK

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 120007-EI; 02190-11 110138-EI; ██████████; 04723-11; 06775-11; 07967-11; 08018-11; 08066-11	B. Received by (Printed Name) Kristin Avon	C. Date of Delivery
STEVEN R GRIFFIN ESQUIRE BEGGS & LANE 501 COMMENDENCIA ST PENSACOLA FL 32502-5953	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	
7009 3410 0002 4113 1239		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

DOCUMENT NUMBER-DATE

07322 OCT 29 04

FPSC-COMMISSION CLERK