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<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 X <i>Danielle Dunn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>130007-EI</i> <i>DNS 01952-12 and 02263-12</i> STEVEN R GRIFFIN ESQUIRE BEGGS & LANE 501 COMMENDENCIA ST PENSACOLA FL 32502-5953	B. Received by (<i>Printed Name</i>) <i>Danielle Dunn</i>	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
102595-02-M-1540	7009 3410 0002 4113 1390	



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