

RECEIVED-FPSC

13 MAR -6 AM 8:17

COMMISSION
CLERK

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"/> <i>J. Chamizo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
	B. Received by (Printed Name)	C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
1. Article Addressed to: <i>130000-OT</i> <i>DNS 03302-12; 06804-12</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.		
JORGE CHAMIZO ESQUIRE FLORIDIAN PARTNERS LLC 108 S MONROE ST STE 200 TALLAHASSEE FL 32301	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7006 2760 0003 8796 9121		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	

DOCUMENT NUMBER-DATE

01165 MAR-6 02

FPSC-COMMISSION CLERK