

RECEIVED-FPSC

13 APR 25 AM 8:44

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 X <i>Robt</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>120324-TX DN08345-12</i>		B. Received by (Printed Name)	C. Date of Delivery <i>4-22-13</i>
LANCE J M STEINHART ESQUIRE LANCE J M STEINHART P C STE 150 1720 WINDWARD CONCOURSE ALPHARETTA GA 30005		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	
		7006 2760 0003 8796 9213	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-11-154	

DOCUMENT NUMBER-DATE

02161 APR 25 02

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