

RECEIVED-FPSC

18 AUG 29 AM 9: 24

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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>130009-EI</b> <b>DNS 05229-11; 05319-11; 06275-11</b>  BLAISE N GAMBA ESQUIRE CARLTON FIELDS PA STE 1000 4421 W BOY SCOUT BLVD TAMPA FL 33607-5780	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
PS Form 3811, February 2004	If YES, enter delivery address below: <input type="checkbox"/> No	
Domestic Return Receipt	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.	
102595-02-M-1540	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7006 2760 0003 8795 1386	