

RECEIVED-FPSC

13 NOV -6 AM 10: 00

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>	1. Article Addressed to: <b>130009-EI</b> <b>DN 05124-11</b>	A. Signature <b>X</b> <i>on Prado</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	<b>BLAISE N GAMBA ESQUIRE</b> <b>CARLTON FIELDS PA</b> <b>STE 1000</b> <b>4421 W BOY SCOUT BLVD</b> <b>TAMPA FL 33607-5780</b>	2. Article Number <i>(Transfer from service label)</i>	B. Received by ( <i>Printed Name</i> )
<b>7011 3500 0001 5979 4004</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	D. Is delivery address different from item 1? If YES, enter delivery address below:
PS Form 3811, February 2004		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	