

RECEIVED--FPSC

13 NOV -8 AM 9:56

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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
1. Article Addressed to: Conf. DNS Return: 100437-EI 130009-EI	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
BLAISE N GAMBA ESQUIRE CARLTON FIELDS PA 4421 W BOY SCOUT BLVD STE 1000 TAMPA FL 33607-5780	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7006 2760 0003 8795 1485	