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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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery MUSCHETTI NOV 13 2013</p>
1. Article Addressed to: 090538-TP DN 00650-11	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
MICHAEL G COOKE ESQUIRE GREENBERG TRAUIG PA COURTHOUSE PLAZA STE 100 625 E TWIGGS ST TAMPA FL 33602-3925	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? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
Article Number (Transfer from service label)	7011 3500 0001 5979 4059
3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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