

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 (Printed Name) <input type="checkbox"/> Agent Kristen Pesce <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
1. Article Addressed to: 150035-E1 (00444-15, 009107-15, 01353-15, 01580-15, 01591-15)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Steven R. Griffin, Esquire Beggs & Lane 501 Commendencia Street Pensacola, Florida 32502	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.
2. Article Number 7011 3500 0001 5977 6499 (Transfer from service lab...)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

RECEIVED FPSC  
15 MAY 26 AM 9:27  
COMMISSION  
CLERK