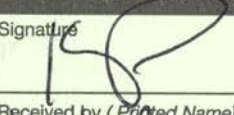


| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X  | |
| 1. Article Addressed to: 150047-E1 \$150000-07 DN: 01443-15, 01588-15, 00954-15 # 00975-15 | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| Steven R. Griffin, Esquire Beggs & Lane 501 Commendencia Street Pensacola, Florida 32502 | | B. Received by (Printed Name) Kristina | |
| 2. Article Number (Transfer from service label) 7006 0100 0003 1097 2860 | | C. Date of Delivery | |
| PS Form 3811, February 2004 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes 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 | |

RECEIVED-FPSC
15 JUN 15 AM 9:22
COMMISSION
CLERK