

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 <i>Cindy C. Hamel</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 7/13/15
1. Article Addressed to: <i>Dkt: 140145-SU</i> <i>DJ: 05473-K</i> Martin S. Friedman, Esquire Friedman Law Firm 766 North Sun Drive, Suite 4030 Lake Mary, FL 32746	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7006 0100 0003 1097 2914	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED FPSC
15 JUL 16 AM 9:10
COMMISSION
CLERK