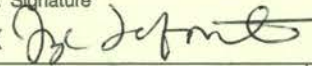
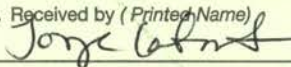


RECEIVED-PPSC  
15 SEP 10 AM 9:19  
COMMISSION  
CLERK

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 X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: Dkt: B0043-E1 Dkt: 00685-15, 01088-15, 01600-15, 01659-15, 01710-15, 01828-15, 01953-15, 02222-15, 02342-15 and 02729-15</p>	<p>B. Received by (Printed Name) <span style="float:right">C. Date of Delivery</span>  <span style="float:right">9/8/15</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Blaise N. Gamba, Esquire Carlton Fields Jordan Burt, P.A. 4421 West Boy Scout Boulevard, Suite 1000 Tampa, Florida 33607-5780</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 2760 0003 8797 3791</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float:right">102595-02-M-1540</span></p>