

RECEIVED-FPSC

15 OCT 28 AM 9: 07

COMMISSION
CLERK

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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>DNS: 01677-15 02294-15, and 02110-15 Docket: 150714-GP</i>		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>10/20</i>
Ansley Watson, Jr Macfarlane Law Firm 		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
		OCT 26 2015 TAMPA FL 33601	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	
		7006 0100 0003 1097 2723	