

RECEIVED-FPSC

2015 DEC 14 AM 9:09

COMMISSION
 CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: <i>DH: 150001-EI</i> <i>DN: 06287-K</i></p> <div data-bbox="709 801 1052 969" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Mr. Steven R. Griffin Beggs & Lane 501 Commendancia Street Pensacola FL 32502</p> </div>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>X</i> <i>AS</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Agent <i>Asia Brown</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7002 0860 0001 1758 0786</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		