

RECEIVED-FPSC
 2016 JAN 13 AM 9:26
 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>PHYS: 160007-E1, 160000-07 and 160007-E1</i> <i>DOS: 0122-14, 02889-15, 03991-15 and 1768-15</i></p> <p>Mr. Steven R. Griffin Beggs & Lane 501 Commendancia Street Pensacola FL 32502</p>	<p>B. Received by (<i>Printed Name</i>) <i>Asia Brown</i></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 <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7011 3500 0001 5977 8158</p>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		