

RECEIVED-FPSC

2016 JAN 21 AM 8:21

COMMISSION
CLERK

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| <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 checked="" type="checkbox"/> Addressee <i>Shailer Parker</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> |
| <p>1. Article Addressed to: <i>DH 140001-E1</i></p> <p>DNs: 02476-14, 03185-14, 03905-14, 03982-14, 03984-14, 04363-14, 04684-14, 04755-14, 05249-14, 05327-14, 05944-14, 06412-14, 06844-14, 00427-15, 01912-15, 01246-15 and 01248-15</p> <p>Mr. Steven R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502</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 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) <i>7011 3500 0001 5977 8066</i></p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |