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<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>	A. Signature <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <b>Dkt: 03876-16</b> <b>Document Number</b> <b>00381-14</b>	B. Received by (Printed Name) <b>Griffin</b> C. Date of Delivery
<p>Mr. Steven R. Griffin Beggs &amp; Lane 501 Commendencia Street Pensacola FL 32502</p>	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)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7015 0640 0001 2060 5126 Domestic Return Receipt 102595-02-M-1540