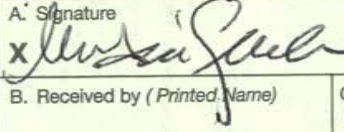


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 6/23/16
1. Article Addressed to:  <b>Docket Nos. 080247-SU, 090381-SU, 090392-WS, 090402-WS and 090462-WS</b> Document Nos. 04404-09, 04717-10, 00633-11, 00635-11 and 00900-11	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Mr. Martin S. Friedman Friedman Law Firm 766 North Sun Drive, Suite 4030 Lake Mary, Florida 32746	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
2. Article Number (Transfer from service label)	7015 0640 0001 2060 5164
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540