

RECEIVED-FPSC

2016 JUL 27 AM 10:43

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. | A. Signature X  | |
| | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: DOCKET NO: 160001-EI DOCUMENT NOS: 02436-15, 02797-15, 02800-15, 04831-15, 04908-15, 05462-15 and 06936-15 Mr. Steven R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502 | B. Received by (Printed Name) Kristof Resch | C. Date of Delivery |
| | 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 service label) | 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 | |
| 7015 1520 0002 5520 2560 | | |
| PS Form 3811, February 2004 | Domestic Return Receipt | 102595-02-M-1540 |