

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 <input checked="" type="checkbox"/> <i>Heather Dalton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>DATA: 11/01/16</i> <i>Document # 0242110</i>	B. Received by (Printed Name) <i>Heather Dalton</i>	C. Date of Delivery <i>10/27/16</i>
<div style="border: 1px solid black; padding: 5px;"> Mr. Steven R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502 </div>	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: <i>7015 1520 0002 5520 2706</i> (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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

RECEIVED-FPSC
 2016 OCT 28 AM 9:22
 COMMISSION CLERK