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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. Docket Nos. 170001-EI, 160042-EI, 160096-EI, and 160186-EI Document Nos. 04608-15, 04906-15, 05102-15, 05703-15, 05987-15, 00842-16, 02414-16, and 09194-16		B. Received by (Printed Name) Asa Brown	C. Date of Delivery 2-2-17
Mr. Steven. R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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. (Transfer from)		7015 1520 0002: 5520 2805	