

RECEIVED-FPSC

2017 FEB 27 AM 9:02

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 <input checked="" type="checkbox"/> <i>Katrina Attwood</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>PHS 11000-E1 and 11000-E1 DWS: 00404-16, 01129-16, 011316 and 011009-16</i>	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>KATRINA ATTWOOD</i> <i>2-23-17</i>
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
2. Article (Transit) 7015 1520 0002 5518 7201	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 Domestic Return Receipt 102595-02-M-1540