


RECEIVED-FPSC

2023 MAR 17 AM 10: 21

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete Items 1, 2, and 3.</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>	<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: Dkt 20220019-WU DN 00293-2022</p>	<p>B. Received by (Printed Name) <i>Radey Law</i> <input type="checkbox"/> Agent C. Date of Delivery <i>2023 MAR 17 AM 8:31</i> <input type="checkbox"/> Addressee</p>
<p>MR. THOMAS A. CRABB RADEY LAW FIRM REPRESENTS CSWR-FUOC, LLC 301 S. BRONOUGH ST., STE 200 TALLAHASSEE, FL 32301</p>  <p>9590 9402 6460 0346 0125 12</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7020 2450 0001 8211 2117</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>