

RECEIVED-FPSC

11 OCT 24 AM 9:21

COMMISSION  
CLERK

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <p style="text-align: center;">           Bimini Bay Utilities Corporation            David Meadows            400 Saddleworth Place            Lake Mary, Florida 32746         </p> <p>090424-WS RECMA</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>David Meadows</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>DAVID MEADOWS 10/21/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7009 3410 0002 4112 7300</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102596-02-M-1540</p>	

DOCUMENT NUMBER-DATE

07776 OCT 24 =

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