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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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. 1. Article Addressed to: 10001-E1000 UNIVERSE BLVD JUNO BEACH FL 33408-0420	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 2/9/ D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	009 3410 0002 4112 6983
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

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