

RECEIVED-FPSC

12 MAR 13 AM 8:56

COMMISSION  
CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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> | A. Signature<br><i>Terence Brown</i>  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| 1. Article Addressed to:   | B. Received by (Printed Name)<br><i>A. Blaz</i>   | C. Date of Delivery<br><i>3-12</i>                                   |
| Terence M. Brown/William E. Sexton, Esquires<br>486 North Temple Avenue<br>Starke, Florida 32091   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>IF YES, enter delivery address below: <input type="checkbox"/> No   |  |
| <i>180053-KM.Complaint.mae</i>   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes<br>7009 3410 0002 4112 8062  |  |
| PS Form 3811, February 2004  | Domestic Return Receipt   | 102595-02-M-1540   |

DOCUMENT NUMBER-DATE

01436 MAR 13 02

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