

RECEIVED FPSC

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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>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
1. Article Addressed to: <b>120216-TX DN 05376-12</b>	<p>B. Received by (Printed Name) <b>M. Gomez</b> C. Date of Delivery <b>11/10/12</b></p>
MATTHEW SCHULMAN REGULATORY CONSULTANT SENTINEL CONSULTING LLC 9737 NW 41 ST STE 357 MIAMI FL 33178	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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 <b>7009 3410 0002 4113 1307</b> Domestic Return Receipt 102595-02-M-1540

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