

RECEIVED-FPSC

13 NOV 27 PM 1:55

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> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p>   |                     |
| 1. Article Addressed to: <b>130009-EI</b><br><b>DNS 03023-11; 05837-11</b>   | B. Received by ( <i>Printed Name</i> )<br><b>Jorge Lafontaine</b>   | C. Date of Delivery |
| <p>Blaise N. Gamba, Esquire<br/>Carlton Fields, P.A.<br/>Suite 1000<br/>4421 West Boy Scout Boulevard<br/>Tampa, Florida 33607-5780</p>  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                     |
|  | 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? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes   |                     |
| PS Form 3811, February 2004  | 7011 3500 0001 5979 4264<br>Domestic Return Receipt 102595-02-M-1540  |                     |