

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <i>DRS. 11032 FL #11032071</i> <i>DRS. 12165-15 BOSTON</i>	B. Received by (Printed Name) <input type="checkbox"/> Yes <i>Asia Brown</i>
Mr. Steven. R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article # (Transf) <i>7015 1520 0002 5520 2775</i>	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 Domestic Return Receipt 102595-02-M-1540

RECEIVED-FPSC
2017 JAN 27 AM 9:42
COMMISSION
CLERK