## ORIGINAL

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■ 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:  Gilbert Green P. O. Box 9611 Jacksonville FL 32208-0611	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addresse  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandi  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
Article Number     (Transfer from service)  PS Form 3811, March 2001  Domestic Re	eturn Receipt 102595-01-M-

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