

RECEIVED-FPSC

11 NOV 14 AM 10:59

COMMISSION CLERK

<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to: <b>110009-EI</b> <b>01647-09; 06674-10</b></p> <p>BLAISE N HUHTA ESQUIRE CARLTON FIELDS PA 4421 W BOY SCOUT BLVD STE 1000 TAMPA FL 33607-5780</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paul Rodriguez</i> C. Date of Delivery <i>11-9-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7009 3410 0002 4112 6921</b></p>	

PS Form 3811, February 2004

Domestic Return

102506-02-M-1540

DOCUMENT NUMBER DATE

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