

RECEIVED-PPSC

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| 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. | <p>A. Signature <input checked="" type="checkbox"/> Rhonda Dulgor <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Rhonda Dulgor 11/23/11</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>1. Article Addressed to:</p> <p>Gardner, Bist, Wiener, Wadsworth, Bowden, Dee, LaVia & Wright, P.A. Robert Schef Wright, Esquire 1300 Thomaswood Drive Tallahassee, Florida 32308</p> | <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7009 3410 0002 4112 7386</p> |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-10-09</p> | |

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