

RECEIVED-FPSC

11 DEC 19 PM 12:49

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>	A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent
1. Article Addressed to: <b>110223-TX</b> <b>DN 04775-11</b>	B. Received by (Printed Name) <b>Corace Stanley</b> 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
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <b>CONNIE WIGHTMAN              TECHNOLOGIES MGMT INC              2600 MAITLAND CENTER PKWY STE 300              MAITLAND FL 32751</b> </div>	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<b>7009 3410 0002 4113 2489</b>
PS Form 3811, February 2004	Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>

DOCUMENT NUMBER-DATE  
**09037 DEC 19 =**  
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