

RECEIVED-FPSC

13 DEC -4 AM 9:40

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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <b>130000-OT</b> <b>DNS 02903-10; 03297-10; 03554-10</b></p> <p>VICKI GORDON KAUFMAN ESQUIRE C/O JON MOYLE ESQUIRE MOYLE LAW FIRM THE PERKINS HOUSE 118 N GADSDEN ST TALLAHASSEE FL 32301</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Yes <b>Mind Qualls</b> <input type="checkbox"/> No</p> <p>C. Date of Delivery <b>12/8/13</b></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>2. Article Number (Transfer from service label)</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><b>7011 3500 0001 5979 4318</b></p>