

RECEIVED-FPSC

2016 JAN 15 AM 8:24

COMMISSION
 CLERK

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. 		A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Dkt. 11/0001-EI</i> <i>DNS: UKS 8-14 & 01252-14</i>		B. Received by (Printed Name) <i>Kristin Pescie</i>	C. Date of Delivery <i>1-13-16</i>
Mr. Steven R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>501 commendencia Street</i>	
		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)		7011 3500 0001 5977 8080	
PS Form 3811, February 2004		Domestic Return Receipt	102595-02-M-1540