

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>TRACY McWilliams</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <i>DR. WATSON</i> <i>Document Numbers:</i> <i>0073414, 0159146 & 0034714</i></p> <p>Ansley Watson, Jr Macfarlane Law Firm One Tampa City Center, Suite 2000 Tampa, FL 33602</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>[Circular Postmark: TAMPA FL 33601 JUN -9 2016]</i></p> <p>3. 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 7015 1520 0002 5519 1086 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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 2016 JUN 14 AM 9:31
 COMMISSION CLERK