

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |   |
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| <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<br><i>Juanita Robbins</i>  | <input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| 1. Article Addressed to: <i>CPA 2010-09</i><br>Department of Transportation, District One<br>Southwest Area Urban Office<br>2295 Victoria Avenue, Suite 292<br>Fort Myers, FL 33902<br>Attn: Lawrence Massey, Growth Management Coordinator  | B. Received by (Printed Name)<br><i>JUANITA ROBBINS</i>   | C. Date of Delivery<br><i>12-27-10</i>  |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If Yes, enter delivery address below:<br><br>Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |   |
| PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540   |   |   |

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| 1. Article Addressed to: <i>CPA 2010-09</i><br>Florida Fish and Wildlife<br>Conservation Commission<br>Office of Policy and Stakeholder Coordination<br>620 South Meridian Street, Farris Bryant Building<br>Tallahassee, FL 32399-1600<br>Attn: Mary Ann Poole, Director  | B. Received by (Printed Name)<br><i>DEC 28 2010</i>   | C. Date of Delivery<br><i>12-28-10</i>                               |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If Yes, enter delivery address below:<br><br>Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
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| 1. Article Addressed to: CPA 2010-09   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:  |
| Department of Agriculture and Consumer Services<br>Bureau of Planning and Budgeting<br>CA8, The Capitol<br>Tallahassee, FL 32399-0810  |  |
| Attn: Wendy Evans, Administrative Asst. II   |  |
| Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |
| 2. Article Number<br>(Transfer from service label)   | 7007 0710 0005 1078 7271   |
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| 1. Article Addressed to: CPA 2010-09   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:   |
| South Florida Water Management District<br>3301 Gun Club Road<br>West Palm Beach, FL 33406<br>Attn: Jim Jackson, A.I.C.P., Senior Supervisor Planner   |   |
| Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |   |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |   |
| 2. Article Number<br>(Transfer from service label)   | 7007 0710 0005 1078 7264  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |   |

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| 1. Article Addressed to: <u>CPA2010-09</u><br>Department of Community Affairs<br>Division of Community Planning<br>2555 Shumard Oak Boulevard<br>Tallahassee, FL 32399<br>Attn: Ray Eubanks, Plan Processing Administrator   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  |  |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes<br>7007 0710 0005 1078 7202   |  |
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| 1. Article Addressed to: <u>CPA2010-09</u><br>Department of Environmental Protection<br>Office of Intergovernmental Programs<br>3900 Commonwealth Boulevard, Mail Station 47<br>Tallahassee, FL 32399-3000<br>Attn: Jim Quinn, Environmental Manager   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes<br>7007 0710 0005 1078 7219  |  |
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|  | B. Received by (Printed Name)   | C. Date of Delivery<br>12-22-10 |
| 1. Article Addressed to: <i>CFA 2010-09</i><br>Southwest Florida Regional Planning Council<br>1926 Victoria Avenue<br>Fort Myers, FL 33901<br>Attn: Mr. Ken Heatherington, Exec. Director  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |                                 |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  |   |                                 |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |   |                                 |
| 2. Article Number<br>(Transfer from service label)   | 7007 0710 0005 1078 7233  |                                 |
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|  | B. Received by (Printed Name)   | C. Date of Delivery<br>DEC 23 2010 |
| 1. Article Addressed to: <i>CFA 2010-09</i><br>Department of State<br>Bureau of Historic Preservation<br>500 South Bronough Street<br>Tallahassee, FL 32399-0250<br>Attn: Susan Harp, Historic Preservation Planner  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |                                    |
| 3. Service Type<br><input type="checkbox"/> Registered <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> C.O.D.   |   |                                    |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |   |                                    |
| 2. Article Number<br>(Transfer from service label)   | 7007 0710 0005 1078 7240  |                                    |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |   |                                    |