SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	B. Received by (Printed Name) JUNIOTA ROBBINS D. Is delivery address different from Item 12 Yes
1. Article Addressed to: CPA 2010-09 Department of Transportation, District (Southwest Area Urban Office 2295 Victoria Avenue, Suite 292	If VEO enter delivery address below: No
Fort Myers, FL 33902	
Attn: Lawrence Massey, Growth Mana Coordinator	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 [] [7 0710 0005 1078 7257
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item. 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature Agent Addressee
 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, 	A. Signature
 ■ 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. 1. Article Addressed to: COA COO TENDER Thorida Fish and Wildlife 	A. Signature Agent Addressee
 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. Article Addressed to: CDA DOLOGY Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord 	A. Signature X
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. 1. Article Addressed to: COA COO The Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord 620 South Meridian Street, Farris Bryan	A. Signature X
 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. Article Addressed to: CDA DOLOGY Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord 	A. Signature X
■ 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. 1. Article Addressed to: CDA → 10 → 9 Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord 620 South Meridian Street, Farris Brya Tallahassee, FL 32399-1600	A. Signature X

PS Form 3811, February 2004

	COMPLETE THIS SECTION ON DELIVERY
 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 A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery 12 23/16
4 Article Addressed to: CPA 2010-09	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
Department of Agriculture and Consun	ner
	Services
CA8, The Capitol	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Tallahassee, FL 32399-0810	aniha Tina
Attn: Wendy Evans, Administrative A	SSt. II Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	07 0710 0005 1078 7271
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SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	COMPLETE THIS SECTION ON DELIVERY A. Signapline
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. 1. Article Addressed to: CPA 2010-09 South Florida Water Management Distressed 10 Gun Club Road West Palm Beach, FL 33406	
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. 1. Article Addressed to: CPA 2000 9 South Florida Water Management Distressed 3301 Gun Club Road	B. Regelved by (Printed Name) C. Date of Delivery Circle 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
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. 1. Article Addressed to: CPA 2010-09 South Florida Water Management Distressed 10 Gun Club Road West Palm Beach, FL 33406	B. Received by (Frinted Mame) C. Date of Delivery C. Date of Delivery
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. 1. Article Addressed to: CPA-Qolo-09 South Florida Water Management Distressed 13301 Gun Club Road West Palm Beach, FL 33406 Attn: Jim Jackson, A.I.C.P., Senior Sup	B. Received by (Printed Name) C. Date of Pelivery C. Date of Pelivery C. Date of Pelivery D. Is delivery address different from Item 1? Yes If VES enter delivery address below: No Oervisor Planner Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
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. 1. Article Addressed to: CPA 2010-09 South Florida Water Management Distressed 10 Gun Club Road West Palm Beach, FL 33406	B. Received by (Printed Name) C. Date of Pelivery C. Date of Pelivery C. Date of Pelivery D. Is delivery address different from Item 1? Yes If VES enter delivery address below: No Oervisor Planner Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes

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Attn: Ray Eubanks, Pl	an Processing Administrato	r Registered C	C.O.D.	for Merchandise
2. Article Number	7007 (1710 0005 107	חרר ת	
(Transfer from service label) PS Form 3811, February 2004	Domestic Ret			İ
SENDER: COMPLETE THIS SE Complete items 1, 2, and 3. Al	so complete	COMPLETE THIS SECT A. Signature	ION ON DELIVE	ĒRÝ
rem 4 if Restricted Delivery is Print your name and address of	desired.	X		☐ Agent☐ Addressee
so that we can return the card Attach this card to the back of or on the front if space permits	the mailpiece, s.	B. Received by (Printed		Date of Delivery
1 Article Addressed to: CAAOI			1 m W 14	
Department of Environm	nental Protectio		address below:	? ☐ Yes ☐ No
Office of Intergovernme 3900 Commonwealth Bo Tallahassee, FL 32399-3	nental Protection ntal Programs Dulevard, Mail S 000	n PEC 23 Station 47	address below:	□ No
Office of Intergovernments 3900 Commonwealth Bo	nental Protection ntal Programs Dulevard, Mail S 000	DEC 2 3 Station 47 Service Type Cortified Mall Registered Insured Mail	Express Mail Return Receipt C.O.D.	□ No
Office of Intergovernme 3900 Commonwealth Bo Tallahassee, FL 32399-3 Attn: Jim Quinn, Enviro	nental Protection ntal Programs Dulevard, Mail S 000	n DEC 2 3 Station 47, Service Type Cortified Mall	Express Mail Return Receipt C.O.D.	□ No
Office of Intergovernme 3900 Commonwealth Bo Tallahassee, FL 32399-3	nental Protection ntal Programs Dulevard, Mail S 000	DEC 2 3 Station 47 Service Type Certified Mall Registered Insured Mail 4. Restricted Delivery? (E	Express Mail Return Receipt C.O.D. ktra Fee)	□ No

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
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Print your name and address on the reverse so that we can return the card to you.	X/Com fr Gelo	✓ □ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from Item	/ユ・ン <u>ユール</u> 11? ロ Yes
1. Article Addressed to: CPA 2010-09	If YES, enter delivery address below	
Southwest Florida Regional Planning	Council	
1926 Victoria Avenue	e e	
Fort Myers, FL 33901		
Attn: Mr. Ken Heatherington, Exec. I	Director Zune Type	
	Certified Mail	
	☐ Registered ☐ Return Rece	ipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	: 🗆 Yes
2. Article Number 7007		
(Transfer from service label)	0710 0005 1078 723	
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SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete		/ERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIV	/ERY □ Agent
SENDER: COMPLETE THIS SECTION 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.	A. SIGNEPT. OF THE X	/ERY Agent Addressee
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SENDER: COMPLETE THIS SECTION 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,	A. Sign of Pinted Name)	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes
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SENDER: COMPLETE THIS SECTION 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. 1. Article Addressed to: Cff 2010-09 Department of State Bureau of Historic Preservation	A. Signate I. (A. Sig	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes
SENDER: COMPLETE THIS SECTION 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. 1. Article Addressed to: Chir Jolo-09 Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250	A. Sidn P. Sidn P. A. Sidn P. Sidn P. A. Sidn P. Sidn P. A. Sidn P. Sid	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes
SENDER: COMPLETE THIS SECTION 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. Article Addressed to: CAR Joio-09 Department of State Bureau of Historic Preservation 500 South Bronough Street	A. Sidn PI	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes ☐ No
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