

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 <i>DEO Mail Center</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>REC 02 2013</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <i>DEO Transmittal Pkt.</i> <i>CPA 2013-03; CPA 2013-05</i> Ray Eubanks, Plan Review and Processing Admin. State Land Planning Agency Department of Economic Opportunity Caldwell Building 107 East Madison Street MSC 160 Tallahassee, FL 32399-4120</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Lee Conway</i></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>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 6266</p>
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<p>1. Article Addressed to: <i>DEO Transmittal</i> <i>CPA 2013-03; CPA 2013-05</i> Department of Agriculture and Consumer Services Office of Policy and Budget The Capitol, Plaza Level 8 Tallahassee, FL 32399-0800 Attn: Comprehensive Plan Review</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>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>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 6297</p>
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1. Article Addressed to: <i>DEO Transmittal</i> <i>CPA 2013-03 ; CPA 2013-05</i> Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber	B. Received by (Printed Name)	C. Date of Delivery <i>12/2/13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 6280	
	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.	
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1. Article Addressed to: <i>DEO Transmittal</i> <i>PKT.</i> <i>CPA 2013-03 ; CPA 2013-05</i> Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Jim Quinn, Environmental Manager	B. Received by (Printed Name) <i>LERROY JONES</i>	C. Date of Delivery <i>12/2/13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 6273	
	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.	
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<p>1. Article Addressed to: <i>DEO Transmittal</i> <i>CPA 2013-03; CPA 2013-05</i></p> <p>Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation Planner</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 style="text-align: center;">DEPT. OF STATE DEC 02 2013</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>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 6310</p>
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<p>1. Article Addressed to: <i>DEO Transmittal</i> <i>PKT.</i> <i>CPA 2013-03; CPA 2013-05</i></p> <p>Florida Fish and Wildlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders</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>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>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 6303</p>
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<p>1. Article Addressed to: <i>DEO Transmitted CPA 2013-03; CPA 2013-05</i></p> <p>Department of Transportation District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Lawrence Massey, Growth Management Coordinator</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>122-B</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>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 6358</p>
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<p>1. Article Addressed to: <i>DEO Transmitted CPA 2013-03; CPA 2013-05</i></p> <p>Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle</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>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>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 6327</p>
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1. Article Addressed to: <i>DEO Transmitted</i> <i>CPA 2013-03; CPA 2013-05</i>	B. Received by (<i>Printed Name</i>) <i>J. Notke</i>	C. Date of Delivery
South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
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7007 0710 0005 1079 6341