
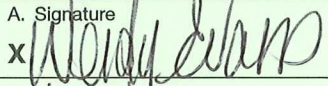


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>DEO ADN PKT.</i></p> <p>Ray Eubanks, Plan Review and Processing State Land Planning Agency Department of Economic Opportunity Caldwell Building 107 East Madison Street MSC 160 Tallahassee, FL 32399-4120</p> <p><i>CPA 2013-06; CPA 2013-07</i></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>Admin. <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 7041</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to: <i>DEO ADN Packet</i></p> <p>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><i>CPA 2013-06; CPA 2013-07</i></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 7126</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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1. Article Addressed to: DEO ADN Packet

Department of Education
Office of Educational Facilities
325 West Gaines Street, Suite 1014
Tallahassee, FL 32399-0400
Attn: Tracy D. Suber

CPA 2013-06; CPA 2013-072. Article Number
(Transfer from service label)

7007 0710 0005 1079 7119

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERYA. Signature Melvin Neal Agent
X AddresseeB. Received by (Printed Name) C. Date of Delivery
4/29/14D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to: DEO ADN Packet

Department of Environmental Protection
Office of Intergovernmental Programs
3900 Commonwealth Boulevard, Mail Station 47
Tallahassee, FL 32399-3000
Attn: Jim Quinn, Environmental Manager

CPA 2013-06; CPA 2013-072. Article Number
(Transfer from service label)

7007 0710 0005 1079 7058

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERYA. Signature LEROY JONES Agent
X AddresseeB. Received by (Printed Name) C. Date of Delivery
4/30/14D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: NoService Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: DEO ADN Packet

Florida Fish and Wildlife
Conservation Commission
Conservation Planning Services
620 South Meridian Street, MB 5B5
Tallahassee, FL 32399-1600
Attn: Scott Sanders

CPA 2013-06; CPA 2013-07

2. Article Number

(Transfer from service label)

7007 0710 0005 1079 7065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] Agent Addressee

B. Received by (Printed Name)

Gill [Signature]

C. Date of Delivery

4-30-14D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: DEO ADN PKT.

Department of State
Bureau of Historic Preservation
500 South Bronough Street
Tallahassee, FL 32399-0250
Attn: Susan Harp, Historic Preservation
Planner

CPA 2013-06; CPA 2013-07

2. Article Number

(Transfer from service label)

7007 0710 0005 1079 7102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No**DEPT. OF STATE**APR 30 2014

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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1. Article Addressed to: <i>DEO ADN Packet</i> Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle	B. Received by (Printed Name) <i>Jim Walker</i> C. Date of Delivery <i>4-28-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<i>CPA 2013-06; CPA 2013-07</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)	7007 0710 0005 1079 7072
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: <i>DEO ADN Packet</i> Department of Transportation District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Lawrence Massey, Growth Management Coordinator	B. Received by (Printed Name) <i>Mar. Lyn Gabrielle</i> C. Date of Delivery <i>4-28-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<i>CPA 2013-06; CPA 2013-07</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)	7007 0710 0005 1079 7096
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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<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 checked="" type="checkbox"/> <i>Doris Lopez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>DORIS LOPEZ</i></p> <p>C. Date of Delivery <i>4/28/14</i></p>
<p>1. Article Addressed to: <i>DEO ADN Packet</i> South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section</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><i>CPA2013-06 & CPA2013-07</i></p>	<p>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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7007 0710 0005 1079 7089</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>