

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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: DEO ADN Packet Department of Environmental Protection Office of Intergovernmental Programs, Plan Review 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Kae Craig CPA 2014-03	B. Received by (Printed Name) C. Date of Delivery ROSCOE HOLTON
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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 7007 0710 0005 1079 0394 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: DEO ADN Packet 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 CPA 2014-03	B. Received by (Printed Name) C. Date of Delivery SEP 02 2014 Lee Conway
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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 7007 0710 0005 1079 0455 Domestic Return Receipt 102595-02-M-1540

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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 2014-03</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><i>7007 0710 0005 1079 0462</i></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 Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber</p> <p><i>CPA 2014-03</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><i>7007 0710 0005 1079 0387</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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	B. Received by (<i>Printed Name</i>)
	C. Date of Delivery
1. Article Addressed to: <i>DEO ADN Packet</i> Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation <i>Planner</i> <i>CPA 2014-03</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No DEPT. OF STATE SEP 04 2014
	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
2. Article Number <i>(Transfer from service label)</i>	7007 0710 0005 1079 0400
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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	B. Received by (<i>Printed Name</i>)
	C. Date of Delivery
1. <i>DEO ADN Packet</i> <i>CPA 2014-03</i> 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
	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
2. Article Number <i>(Transfer from service label)</i>	7007 0710 0005 1079 0448
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> Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle <i>CPA 2014-03</i>	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number (<i>Transfer from service label</i>) <i>7007 0710 0005 1079 0431</i>		
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 <i>CPA 2014-03</i>	B. Received by (<i>Printed Name</i>) <i>Marilyn Gabrielle</i>	C. Date of Delivery <i>8-29-14</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number (<i>Transfer from service label</i>) <i>7007 0710 0005 1079 0424</i>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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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 2014-03

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name)
Earl Scarborough

C. Date of Delivery
9-4-14

D. Is delivery address different from item 1? Yes
If 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

7007 0710 0005 1079 0417