

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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 <input checked="" type="checkbox"/> X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
	B. Received by (Printed Name) <b>ROSCOE HOLTON</b>	C. Date of Delivery
1. Article Addressed to: <i>DEO TRN Packet</i> Department of Environmental Protection Office of Intergovernmental Programs, Plan Review 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Kae Craig  <i>CPA 2013-04</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 0325	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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	B. Received by (Printed Name) <i>Lee Conway</i>	C. Date of Delivery <b>SEP 02 2014</b>
1. Article Addressed to: <i>DEO TRN PKT.</i> 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  <i>CPA 2013-04</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 0295	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	<i>Tim Vick</i>	<i>8/29/04</i>
1. Article Addressed to: <i>DEO TRN Packet</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section	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.	
<i>CPA 2013-04</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 0370	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <i>DEO TRN Packet</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle	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.	
<i>CPA 2013-04</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 0363	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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<p>1. Article Addressed to: <i>DEOTRN Packet</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  <i>CPA 2013-04</i></p>	<p>B. Received by (Printed Name) <i>Linda Stanford</i> C. Date of Delivery <i>9-2-14</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) <b>7007 0710 0005 1079 0356</b></p>		
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<p>1. Article Addressed to: <i>DEOTRN Packet</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  <i>CPA 2013-04</i></p>	<p>B. Received by (Printed Name) <i>Eric Scarborough</i> C. Date of Delivery <i>9-4-14</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) <b>7007 0710 0005 1079 0349</b></p>		
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	B. Received by (Printed Name)	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? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>DEO TRN Packet</i> Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation Planner <i>CPA 2013-04</i>		
2. Article Number (Transfer from service label) <b>7007 0710 0005 1079 0332</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

DEPT. OF STATE  
SEP 04 2014

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	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		
1. Article Addressed to: <i>DEO TRN Packet</i> Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber <i>CPA 2013-04</i>		
2. Article Number (Transfer from service label) <b>7007 0710 0005 1079 0318</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

9/3/14

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1. Article Addressed to: DEO TRN Packer

Department of Agriculture and Consumer  
Office of Policy and Budget  
The Capitol, Plaza Level 8  
Tallahassee, FL 32399-0800  
Attn: Comprehensive Plan Review

CPA2013-04

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Wendy Evans  Agent  
 Addressee

B. Received by (Printed Name) Wendy Evans 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 0301