

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 checked="" type="checkbox"/> <i>Wendy Evans</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wendy Evans</i> C. Date of Delivery <i>11/17/14</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>1. Article Addressed to:</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 2013-04 DEO ADN Packet</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 0684</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <p>Department of Environmental Protection Office of Intergovernmental Programs, Plan Review 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Kae Craig</p> <p><i>CPA 2013-04 DEO ADN Packet</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 0752</p>
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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> 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 DEO ADN Packet</i> </div>	B. Received by (Printed Name)	C. Date of Delivery <i>11/13/14</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 0738	
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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> 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 DEO ADN Packet</i> </div>	B. Received by (Printed Name)	C. Date of Delivery <i>11-14-14</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 0745	
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1. Article Addressed to: Department of State Bureau of Historic Preservation 560 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation <i>CFA 2013-04</i> Planner <i>DEO ADN Packet</i>	B. Received by (Printed Name) <i>DEPT. OF STATE</i> C. Date of Delivery <i>NOV 13 2011</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? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 0721	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

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1. Article Addressed to: South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section <i>CFA 2013-04</i> <i>DEO Adoption Packet</i>	B. Received by (Printed Name) <i>Jeff Raul</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? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 0691	
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<p>1. Article Addressed to:</p> <p>Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle</p> <p><i>CPA 2013-04</i> <i>DEO ADN Packet</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 0714</p>
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<p>1. Article Addressed to: <i>DEO</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><i>CPA 2013-04 DEO ADN PKT</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 0707</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

USPS Tracking™



Customer Service >

Have questions? We're here to help.

Only applicable to visual users. More Details
Tracking Number: 70070710000510790769

delivered

- Updated Delivery Day: Thursday, November 13, 2014

Product & Tracking Information

Postal Product:

-

Features:

- Certified Mail™

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

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

See for Instructions

7007 0710 0005 1079 0769

DATE & TIME	STATUS OF ITEM	LOCATION
November 14, 2014 , 8:54 am	Delivered	TALLAHASSEE, FL 32399
Your item was delivered at 8:54 am on November 14, 2014 in TALLAHASSEE, FL 32399.		
November 13, 2014 , 9:58 am	Available for Pickup	TALLAHASSEE, FL 32311
November 13, 2014 , 9:22 am	Out for Delivery	TALLAHASSEE, FL 32314
November 13, 2014 , 9:12 am	Sorting Complete	TALLAHASSEE, FL 32314
November 13, 2014 , 5:05 am	Arrived at Unit	TALLAHASSEE, FL 32314
November 11, 2014 , 5:43 am	Departed USPS Facility	TAMPA, FL 33605
November 10, 2014 , 11:53 pm	Arrived at USPS Facility	TAMPA, FL 33605