

| 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</p> <p>X DEO Mail Center <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>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>B. Received by (Printed Name)</p> <p>MAR 23 2016 Lee Conway</p> | <p>C. Date of Delivery</p> |
| <p>DEO ADU CPA 2015-12</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p> | |
| <p>2. Article Number (Transfer from service label)</p> | <p>3. Service Type</p> <p><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>PS Form 3811, February 2004</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | <p>7013 1090 0000 4960 3593</p> |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt</p> | <p>102595-02-M-1540</p> |