ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
1. Article Addressed to: 02/05/1-E/ comp. mas Tampa Electric Company	
Angela Llwellyn, Regulatory Affairs L 702 North Franklin Street	3. Service Type
	Certified Mail
Tampa, Florida 33602-4418	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7002 0860 00011755 4220	
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

AUS _____CAF

COM ___

ECR GCL OPC MMS SEC L OTH

DOCUMENT NUMBER OF E

1 1 7 1 1 OCT 25 B

FPSC-COMMISSION CLERK