

RECEIVED-FPSC

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| 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 <input checked="" type="checkbox"/> <i>M. Mohamed</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: <i>100160-EG</i> <i>DNS 03889-10; 04015-10</i> JOHN T BURNETT ESQUIRE PROGRESS ENERGY SERVICE CO 299 1 ST AVE N ST PETERSBURG FL 33701-3308 | B. Received by (Printed Name) <i>M. Mohamed</i> | C. Date of Delivery <i>11/13/12</i> |
| 2. Article Number <i>(Transfer from service label)</i> | 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. | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 102595-02-M-1540 | 7009 3410 0002 4113 1321 | |

DOCUMENT NUMBER DATE

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