

RECEIVED-FPSC

13 NOV -4 AM 9: 58

COMMISSION
CLERK

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 X FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 130260-EU Return of Exh 'B' SCOTT GOORLAND PRINCIPAL ATT FPL 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420	B. Received by (Printed Name) 700 Universe Blvd C. Date of Delivery 11/13/13 D. Delivery address same as front item? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No no Beach FL 33408 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)	7011 3500 0001 5979 3991
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540