

RECEIVED-FPSC

13 DEC -9 AM 10: 01

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <i>D Clark</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
	B. Received by (Printed Name) <i>DUKE</i> C. Date of Delivery <i>12/6/13</i>		
1. Article Addressed to: <i>130000-0T</i> <i>DN 03900-13</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
DIANNE M. TRIPLETT ASSOCIATE GENERAL COUNSEL DUKE ENERGY FLORIDA, INC. 299 1 <sup>ST</sup> AVE N ST PETERSBURG FL 33701-3308	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 4349		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	