

RECEIVED-FPSC

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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: Ph: 150001-71 DNs: 03422-13, 034109-13, 013022-14 and 01584-14		B. Received by (Printed Name) 700 Universe Blvd	C. Date of Delivery
Maria Moncada, Principal Attorney Florida Po000wer & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below Juno Beach FL 33408	
2. Article Number (Transfer from service label)		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.	
7006 0100 0003 1097 3409		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	