

RECEIVED-FPSC
2016 JAN 19 AM 8:24
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. | <p>A. Signature <input checked="" type="checkbox"/> FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to: <i>DHS: 1400091-E1</i> <i>POs: 021074-12, 035006-12,</i> <i>04511-12, 01002-14, 03500-14 &</i> <i>04173-14</i></p> <p>Jessica A. Cano, Principal Attorney Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420</p> | <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery 700 Universe Blvd Juno Beach FL 33408</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>3. Service Type <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7011 3500 0001 5977 8073</p> | |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |