

RECEIVED-FPSC
2016 MAY -3 AM 9:22
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 <input checked="" type="checkbox"/> K. Cochran <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 160097-EE Complaint	B. Received by (Printed Name) K Cochran	C. Date of Delivery 4/29/16
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Duke Energy Mr. Robert Pickels 106 East College Avenue, Suite 800 Tallahassee, FL. 32301-7740	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7011 3500 0001 5977 7755	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540