SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. different from item 1? Yes 3each FL 33408 Jessica A. Cano, Principal Attorney 3. Service Type Florida Power & Light Company Certified Mail ☐ Express Mail 700 Universe Boulevard ☐ Registered ☐ Return Receipt for Merchandise Juno Beach, Florida 33408-0420 ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7015 1520 0002 5520 2591 (Transfer from s PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540