HECEIVED FPSC ORIGINAL UL JUN -7 AM 10: 21 COMMISSION CLERK 1 Æ A. Received by (Please Print Clearly) B. Date of Delivery Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. DU Print your name and address on the reverse C. Signature so that we can return the card to you. C Agent Attach this card to the back of the mailpiece, Х Addressee or on the front if space permits. Yes D. Is delivery address different from item 1? 1. Article Addressed to: D No If YES, enter delivery address below: 040579-E1. Comp. man Florida Power & Light Company Bill Walker, Vice President, Regulatory Affairs 215 South Monroe Street, Suite 810 Service Type Tallahassee, Florida 32301-1859 Certified Mail Express Mail Return Receipt for Merchandise Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) 🗆 Yes 159 F 102595-01-M-1424 CMP COM _____ CTR ____ ECR GCL OPC MMS_____ RCA SCR DOCUMENT NUMBER-DATE SEC 06348 JUN-73

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