

ORIGINAL

RECEIVED - EPSC

JUL 26 AM 10:45

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. Received by (Please Print Clearly) <i>V Floyd</i>	B. Date of Delivery
1. Article Addressed to: <i>050494-E1</i> <i>COMP. MAS</i> Florida Power & Light Company Bill Walker, Vice President - Regulatory Affairs 215 South Monroe Street, Suite 810 Tallahassee, Florida 32301	C. Signature <i>X V Floyd</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	<i>7002 0860 0001 1760</i>	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- GMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

07122 JUL 26 18

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