

ORIGINAL

RECEIVED-PPSC

05 NOV 29 AM 11:00

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 050891-E1 *Comp mas*

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) V. Floyd B. Date of Delivery 11-28
- C. Signature [Signature] Agent Addressee
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Florida Power & Light Company
 Bill Walker, Vice President, Regulatory Affairs
 215 South Monroe Street, Suite 810
 Tallahassee, Florida 32301-1859

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 1160 0004 5750 6578

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

11280 NOV 29 18

PPSC-COMMISSION CLERK