

110069-EI

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>X [Signature]</i>	
1. Article Addressed to:  <b>Florida Power &amp; Light Company</b> <b>Ken Hoffman, Vice President, Regulatory Affairs</b> <b>215 South Monroe Street, Suite 810</b> <b>Tallahassee, Florida 32301-1858</b>	B. Received by (Printed Name) <i>Nanci W Smith</i>	C. Date of Delivery <i>3/17/11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	<i>110069-EI Complaint.mas</i> <b>7009 3410 0002 4112 5320</b>

DOCUMENT NUMBER-DATE

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