

RECEIVED-PPSC

11 SEP 23 PM 1:10

COMMISSION
CLERK

■ 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: 110018-EU
DNS 01820-11; 02362-11

WILLIAM P COX ESQUIRE
FPL
700 UNIVERSE BLVD
JUNO BEACH FL 33408-0420

A. Signature

[Handwritten Signature]

B. Received by (Printed Name)

S. AUTORIM

C. Date of Delivery

9/2/11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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)

7009 3410 0002 4112 6846

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

DOCUMENT NUMBER-DATI