

RECEIVED-FPSC

12 MAR 15 AM 10: 05

COMMISSION  
CLERK

120009-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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            STEVEN L. BENNETT</p> <p>C. Date of Delivery            3/12/12</p> <p>D. Is delivery address different from item 1?            If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>JOHN T BUTLER ESQUIRE            JESSICA A CANO ESQUIRE            FLORIDA POWER &amp; LIGHT CO            700 UNIVERSE BLVD            JUNO BEACH FL 33408-0420</b></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number:            (Transfer from service label)</p>	<p>7009 3410 0002 4112 8215</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

DN5  
 01673-09  
 04144-09  
 08272-09  
 (see DN 01375-12)  
 -am

DOCUMENT NUMBER-DATE  
 01536 MAR 15 09  
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