

RECEIVED-FPSC

12 AUG 17 AM 9:24

COMMISSION  
CLERK

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"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            S L BENNETT</p> <p>C. Date of Delivery            8/14/12</p>	
<p>1. Article Addressed to:</p> <p>Scott Goorland            Florida Power &amp; Light Company            700 Universe Boulevard            Juno Beach, Florida 33408-0420</p> <p>DK#: 120001-EI            DN: 08274-10</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</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>2. Article Number            (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4113 1123</p>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

DOCUMENT NUMBER-DATE

05651 AUG 17 09

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