SENDER: COMFLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. Signatore  A. Signatore  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Item 17  ves
Article Addressed to:     Kenneth Rubin     Florida Power & Light Company	If YES, enter delivery address below:
700 Universe Boulevard Juno Beach, Florida 33408-0420	
DK++:120000-0T	3. Service Type  Certified Mall  Express Mall
DN: 03931-12, 04513-12	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 3410 0002 4113 1147 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540

DOCUMENT NUMBER - CATE

05699 AUG 20 º