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SENDER: COMPLETE 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. Signature  X. Sluw
Maria J. Moncada, Esquire Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420	
	3. Service Type  Certified Mall  Registered  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	2760 0003 8796 9220
PS Form 3811, February 2004 Domestic Ref	turn Receipt +62595-02-M-1540

DOCUMENT NUMBER - PATE

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