

RECEIVED-FPSC

13 SEP 30 AM 10: 20

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	<p>A. Signature x FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: 130001-EI DNF 04073-11	<p>B. Received by (Printed Name) C. Date of Delivery 700 Universe Blvd 9/27/13</p>
MARIA J MONCADA PRINCIPAL ATTY FPL 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No Juno Beach FL 33408</p>
2. Article Number (Transfer from service label)	<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>
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 2760 0003 8795 1454	
Domestic Return Receipt	102595-02-M-1540