

RECEIVED-FPSC

14 JAN 23 AM 9:03

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>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	Date of Delivery 1-21-14
	B. Received by (Printed Name) i. Brown	
1. Article Addressed to: 140001-E7 05213-12	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.	
JOHN T BURNETT ESQUIRE DUKE ENERGY FLORIDA, INC. 299 1 <sup>ST</sup> AVE N ST PETERSBURG FL 33701-3308	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7011 3500 0001 5979 4189	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540