

| 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. | | A. Signature x FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: 130223-EI 06930-13; 07268-13; 01711-14; 02236-14; 02495-14; 02744-14; 04945-14 | | B. Received by (Printed Name) 700 Universe Blvd | C. Date of Delivery 4/15/15 |
| MARIA J MONCADA PRINCIPAL ATTY FLORIDA POWER & LIGHT COMPANY 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below | |
| | | 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. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | | 7011 3500 0001 5977 7014 | |

RECEIVED - FPSC
15 APR 20 AM 9:43
COMMISSION
CLERK