

RECEIVED-FPSC

15 APR 23 AM 9:23

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> | <p>A. Signature <input type="checkbox"/> Agent<br/><b>X</b> <b>FPL - JB</b> <input type="checkbox"/> Addressee</p>  |
| 1. Article Addressed to: <b>150001-EI</b><br><b>DNS 00357-14; 00 921-14;</b><br><b>01000-14</b>  | B. Received by ( <i>Printed Name</i> ) <b>FPL - JB</b><br>C. Date of Delivery   |
| JOHN BUTLER ASST GENERAL COUNSEL<br>FPL<br>700 UNIVERSE BLVD<br>JUNO BEACH FL 33408-0420   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><b>Juno Beach FL 33408</b>   |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| PS Form 3811, February 2004  | 4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes<br><b>7011 3500 0001 5977 7045</b><br>Domestic Return Receipt 102595-02-M-1540  |