

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Petition for approval of arrangement to mitigate impact of unfavorable Cedar Bay power purchase obligation, by Florida Power & Light Company.

DOCKET NO. 150075-EI

DATED: June 29, 2015

STAFF'S AMENDED CROSS-NOTICE OF DEPOSITION DUCES TECUM

TO: All Parties

NOTICE is hereby given that the Staff of the Florida Public Service Commission will take the deposition of the following named individual indicated below:

| NAME | DATE and TIME | LOCATION |
|------------------------|---|---|
| Tracy Patterson | Tuesday, June <u>July</u> 7, 2015 at 8:30 a.m. | Florida Public Service Commission Room 105 2540 Shumard Oak Blvd. Tallahassee, FL 32399 |

The witness should bring copies of all the work papers or other materials used by the witness in the preparation of any testimony filed in this docket or used by the witness in the preparation of any responses to Staff's discovery requests in this docket.

These depositions are being taken for purposes of discovery, for use at trial, or for any other purpose allowed under the Florida Rules of Civil Procedure, the Uniform Rules of Procedure, and the Rules of the Florida Public Service Commission.

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than five days prior to the deposition at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via 1-800-955-8770 (Voice) or 1-800-955-8771 (TDD), Florida Relay Service.

Please govern yourselves accordingly.

/s/ Martha F. Barrera

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CERTIFICATE OF OATH

STATE OF _____

COUNTY OF _____

I, the undersigned authority, certify that _____
personally appeared before me at _____ and was duly sworn by
me to tell the truth.

WITNESS my hand and official seal in the City of _____, County of
_____, State of _____, this _____ day of _____,
20____.

Notary Public
State of _____

Personally known _____ OR produced identification _____.

Type of identification produced _____.

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing STAFF'S CROSS-NOTICE OF DEPOSITION DUCES TECUM was furnished to the following by electronic mail on this 29th day of June, 2015.

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