

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to: <b>DH: 50001-E1</b> <b>INS: 10024-08 \$</b> <b>07001-13</b>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
Mr. John T. Butler, Asst. General Counsel Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	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.	
PS Form 3811, February 2004	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes 7006 0100 0003 1097 2822	
Domestic Return Receipt		102595-02-M-1540

RECEIVED-PPSC  
 15 DEC - 1 AM 9:26  
 COMMISSION  
 CLERK