

| 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 | |
| 1. Article Addressed to: PH: 160000-07 Document #: 01001-14 | | B. Received by (Printed Name) FPL - JB | C. Date of Delivery |
| Kevin I.C. Donaldson, Senior Attorney 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: 700 Universe Blvd Juno Beach FL 33408 | |
| 2. Article Number (Transfer from service label) | | 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? (Extra Fee) <input type="checkbox"/> Yes | |
| Domestic Return Receipt | | 7011 3500 0001 5977 7922 | |
| | | 102595-02-M-1540 | |

RECEIVED-FPSC
2016 MAR 21 AM 9:20
COMMISSION
CLERK