

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Dht: 160009-71</i> <i>Document #: 06042-10</i> Kevin I.C. Donaldson, Senior Attorney Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420		B. Received by (Printed Name) FPL - JB C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No 700 Universe Blvd Juno Beach FL 33408	
		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7011 3500 0001 5977 7854	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED-FPSC
 2016 APR -5 AM 9:19
 COMMISSION
 CLERK