

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 FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Att: 1503103-E Document #: 0072-14 00888-14	B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Date of Delivery 700 Universe Blvd D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No Juno Beach FL 33408
William P. Cox, Senior Attorney Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420	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. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7011 3500 0001 5977 7601
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

RECEIVED-FPSC
 2016 APR 15 AM 9:00
 COMMISSION
 CLERK