

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 <input checked="" type="checkbox"/> <i>Diana Clark</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (<i>Printed Name</i>) <i>Diana Clark</i>	C. Date of Delivery
1. Article Addressed to: <i>DHS WPT-16 #1099010</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Dianne M. Triplett Duke Energy Florida, LLC 299 First Avenue North St. Petersburg FL 33701	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 (<i>Transfer from service label</i>)	7006 0100 0003 1097 3379	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

RECEIVED-FPSC
2016 MAY 16 AM 9:07
COMMISSION
CLERK