

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: DOCKET NOS: 160001-EI and 160009-EI DOCUMENT NOS: 03163-14, 03192-14, 00578-15, 00760-15, 02375-15, 02808-15, 04777-15, 04919-15, 05457-15 and 06910-15	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
Dianne M. Triplett Duke Energy Florida, LLC 299 First Avenue North St. Petersburg FL 33701	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 (Transfer from serv)	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.	
7015 1520 0002 5520 2577	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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 2016 JUL 21 AM 9:24
 COMMISSION
 CLERK