102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Addressee Print your name and address on the leverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) ■ Attach this card to the back of the mailpiese or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 1. Article Addressed to: Dianne M. Triplett Duke Energy Florida, LLC 3. Service Type ☐ Express Mail Certified Mail 299 First Avenue North ☐ Return Receipt for Merchandise ☐ Registered St. Petersburg FL 33701 ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7015 1520 0002 5520 2614

Domestic Return Receipt

2. Article Nu (Transfer f

PS Form 3811, February 2004