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<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 <i>K. Dischino</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Ph: 170001-71 Phs: 00502-16, 01049-10 and 02532-14</i>	B. Received by (<i>Printed Name</i>) <i>K Dischino</i>	C. Date of Delivery <i>2/24/17</i>
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 checked="" type="checkbox"/> No	
2. <i>7015 1520 0002 5520 2980</i>	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes 102595-02-M-1540	