

RECEIVED-FPSC

2017 AUG 14 AM 9:00

COMMISSION
 CLERK

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. 	<p>A. Signature X <i>Westony Bryant</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Westony Bryant</i></p> <p>C. Date of Delivery <i>08/11/17</i></p>
<p>1. Docket Nos. 20150171-EI and 20170009-EI Document Nos: 01092-2013, 02385-2013, 02827-2013, 07753-2015, 07941-2015, 00597-2016, 00599-2016, 00835-2016, 00846-2016, 00910-2016, 00912-2016, 01313-2016, 03739-2016, and 04348-2016</p> <p>Dianne M. Triplett Duke Energy Florida, LLC 299 First Avenue North St. Petersburg FL 33701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. 7015 0640 0001 2706 4056</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>