

RECEIVED-FPSC

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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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Tommy Burden</i></p>	
<p>1</p> <p>Docket Nos. 20170001-EI and 20170009-EI Document Nos. 01213-2012, 02750-12, 06051-2012, 06213-2012, 01013-2014, 04203-2014, 04204-2014, 04205-2014, 04894-2014, 04797-2014, 01837-2016, 02394-2016, 02535-2016, 02611-2016, 03141-2016, 05408-2016, 05863-2016, 05867-2016, 06830-2016, 06926-2016, 07080-2016, 07222-2016, 07860-2016, and 08488-2016</p> <p>Dianne M. Triplett Duke Energy Florida, LLC 299 First Avenue North St. Petersburg FL 33701</p>	<p>B. Received by (Printed Name) <i>TOMMY BURDEN</i></p>	<p>C. Date of Delivery <i>11-3-2017</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2</p> <p>7015 0640 0001 2706 4346</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		