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COMMISSION

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. D. Is delivery address different from item 1? | Yes |
If YES | One delivery address below: | No 1. Article Addressed to: Docket 20170001-EI DNs 01005-2017 Juno Beach FL 33408 John T. Butler, Assistant General Counsel Florida Power & Light Company Service Type
 Certified Mail 700 Universe Boulevard ☐ Express Mail Juno Beach, Florida 33408-0420 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7015 0640 0001 2706 4391 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540