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COMMISSION  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<b>A. Signature</b> X <i>Paula K. Brown</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> <p>Dkt 20200001-EI DN 04079-2020</p> <p>MS. PAULA K. BROWN TAMPA ELECTRIC COMPANY REGULATORY AFFAIRS P.O. BOX 111 TAMPA, FL 33601-0111</p>  9590 9402 6460 0346 1558 68	<b>B. Received by (Printed Name)</b> <i>Michael R.</i>	<b>C. Date of Delivery</b>
<b>2. Article Number (Transfer from service label)</b> 7020 2450 0001 8211 4876	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt