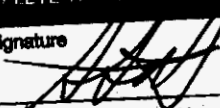


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COMPLETE THIS SECTION		COMPLETE THIS SECTION IF DELIVERED BY AGENT	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 080000-0T 01871-08; 02058-08		B. Received by (Printed Name)	C. Date of Delivery
JESSICA CANO ESQUIRE FPL 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420		SUE ANTORINO	8/15/11
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7009 3410 0002 4112 6549		
PS Form 3811, February 2004	Domestic Return Receipt		102508-02-11-1040

DOCUMENT NUMBER-DATE

05865 AUG 18 =

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