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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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SL BENNETT</p> <p>C. Date of Delivery 8/14/12</p>
<p>1. Article Addressed to:</p> <p>Maria Moncada, Esq. Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420</p> <p><i>DKT#S: 120001-EI, 120007-EI</i> <i>DNS: 02049-10, 02429-10,</i> <i>03057-10, 05941-10, 03662-12,</i> <i>03667-12</i></p>	<p>D. Is delivery address different from Item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4113 1116</p>
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540

DOCUMENT NUMBER-DATE

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