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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 checked="" type="checkbox"/> Agent X FPL - JB Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery 700 Universe Blvd</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> No If YES, enter delivery address below: <input checked="" type="checkbox"/> Yes Juno Beach FL 3340</p>
1. Article Addressed to: 140002-EG/00395-98 140001-EI - 08019-10; 01284-11; 04460-11; 06268-11; 06870-11; 00276-12; 00439-12; 05204-12;	<p>1-22-14 28</p>
<p>JOHN T BUTLER ESQUIRE FPL 700 UNIVERSE BLVD JUNO BEACH FL 33408</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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7011 3500 0001 5979 4172 Domestic Return Receipt 102595-02-