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COMMISSION
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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.	A. Signature X FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 140000-0T DN 02724-14	B. Received by (Printed Name) 700 Universe Blvd C. Date of Delivery 7/17/14
JESSICA CANO ESQUIRE FLORIDA POWER & LIGHT CO 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, enter delivery address below: Juno Beach FL 33408
2. Article Number (Transfer from service label)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7011 3500 0001 5977 6628
	102595-02-M-1540