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COMMISSION

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 19. Yes 1. Article Addressed to: If YES, enter delivery address below: Mr. Troy Rendell - Manager of Regulated Utilities Service Type ☐ Express Mail Lakeside Waterworks, Inc. Registered ☐ Return Receipt for Merchandise C/O 4939 Cross Bayou Boulevard ☐ Insured Mail ☐ C.O.D. New Port Richey, Florida 34652 Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 3500 0001 5977 6994 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 FILED FEB 11, 2015 DOCUMENT NO. 00912-15 FPSC - COMMISSION CLERK