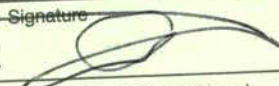


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Dkt: 15071-E1 DNS: 00417-16 & 00450-10		B. Received by (Printed Name)	C. Date of Delivery 2/18/16
Ms. Dianne M. Triplett Duke Energy Florida, LLC 299 First Avenue North St. Petersburg FL 33701		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <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)	7011 3500 0001 5977 7953		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED-FPSC
2016 FEB 22 AM 9:32
COMMISSION
CLERK