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COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <input checked="" type="checkbox"/> <i>Sandra Cope</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Dkt: 15071-E1</i> <i>Document #: 00940-16</i>		B. Received by ( <i>Printed Name</i> ) <i>Sandra Cope</i>	C. Date of Delivery <i>3/29/16</i>
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	
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.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
		7011 3500 0001 5977 7892	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	