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COMMISSION  
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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>Destiny Bryant</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Docket Nos. 150171-EI and 170000-OT</b> <b>Document Nos. 05417-15,</b> <b>06065-15, 06126-15, 06226-15,</b> <b>06229-15, 076894-15, and 04877-17</b>  Dianne M. Triplett Duke Energy Florida, LLC 299 First Avenue North St. Petersburg FL 33701	B. Received by (Printed Name) <i>Destiny Bryant</i>	C. Date of Delivery <i>06/23/17</i>
2. Art (Tr) <b>7015 1520 0002 5520 3277</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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
Domestic Return Receipt		102595-02-M-1540