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COMMISSION CLERK

Applications of the second sections	And the state of t
■ 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  Agent  Addresses  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
Tampa Electric Company Paula K. Brown, Administrator, Regulatory Coordination	
702 North Franklin Street Tampa, Florida 33602-4420	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandlee  C.O.D.
110305-El Complaint, mas	4. Restricted Delivery? (Extra Fee)
	3410 0002 4112 7348
PS Form 3811, February 2004 Domestic Ret	um Receipt 102505-02-M-1540

DOCUMENT NUMBER-DATE

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