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COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 rSignature X Dana Charles Agent B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 13000 FET DN506733-12 206736-12 JOHN T BURNETT ESQUIRE PROGRESS ENERGY SERVICE	If YES, enter delivery address below: I D No
COMPANY LLC 299 1ST AVE N ST PETERSBURG FL 33701-3308	3. Service Type Certified Mail  Express Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	3410 0002 4113 1352
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540



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