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<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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <i>DKT 110000-0T CONF. DN NO. 03162-11</i>	B. Received by (<i>Printed Name</i>) <i>SMITH BOHEA</i> C. Date of Delivery <i>7/15/11</i>
JOHN T BURNETT ESQUIRE PROGRESS ENERGY SERVICE CO 299 1 ST AVE N SAINT PETERSBURG FL 33701-3308	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <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.
PS Form 3811, February 2004	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
7009 3410 0002 4112 5283	
Domestic Return Receipt 102595-02-M-1540	

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