

RECEIVED FPSC

11 AUG 24 AM 8:40

COMMISSION  
CLERK

SEND TO 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>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>SUE ANTORINO</u></p> <p>C. Date of Delivery <u>8/22/11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>110009-EI</u>  <u>DNS 05326-11; 05576-11; 05577-11</u></p> <p>JESSICA CANO ESQUIRE          FPL          700 UNIVERSE BLVD          JUNO BEACH FL 33408-0420</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7009 3410 0002 4112 6761</p>
<p>PS Form 3811, February 2004</p>	<p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right; font-size: 0.8em;">102506-02-100000</p>

DOCUMENT NUMBER-DATE  
**06071 AUG 24 =**  
 FPSC-COMMISSION CLERK