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13 MAR 15 AM 9: 49

COMMISSION CLERK

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| 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. 1. Article Addressed to: 13000-CT;02778-12 | X Agent Addressee B. Received by (Printed Name) C. Date of Delivery STEVEN L BENNETT 3 11/13 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: |
| JESSICA A CANO ESQUIRE FPL 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420 | 3. Service Type Certified Mall |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7 0 0 1 (Transfer from service label) | 2760 0003 8796 9345 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

01317 MAR 15 2