COMMISSION

102595-02-M-1540

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ 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. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 140001-EI
17 Confidential DNS If YES, enter delivery address below: DIANNE M TRIPLETT ASSOC GENERAL COUNSEL DUKE ENERGY FLORIDA INC 3. Service Type 299 1ST AVE N Certified Mail ☐ Express Mail ST. PETERSBURG FL 33701-3308 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 3500 0001 5977 6765 (Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004