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<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</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. Signature <b>X</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div data-bbox="389 755 763 925"><p>Docket 20190061-EI DNs 04525-2019, 06054-2019, 08576-2019 09585-2019m 11105-2019 Florida Power &amp; Light Company ATTN: William P. Cox 700 Universe Boulevard Juno Beach, Florida 33408-0420</p></div>	B. Received by ( <i>Printed Name</i> ) <b>J. Miles</b> C. Date of Delivery <b>3/19/20</b>
 9590 9402 3287 7196 4728 15	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number ( <i>Transfer from service label</i> ) <b>7017 1000 0000 4194 4925</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt