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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 X <i>MMS</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Dkt 20200139-WS DNs 03457-2020, 13055-2020, 01814-2021  MR. MARTIN S. FRIEDMAN DEAN MEAD LAW FIRM UTILITIES, INC. OF FLORIDA 420 S. ORANGE AVE., STE 700 ORLANDO, FL, 32801		B. Received by (Printed Name) <i>ORLANDO</i>	C. Date of Delivery <i>12/27</i>
2. Article Number (Transfer from service label) 7020 2450 0001 8211 4098		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

9590 9402 6460 0346 1566 98

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt