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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. 	A. Signature X Agent Addressee B. Received by (Printed Name) STEVEN SENNETT D. Is delivery address different from item 1? Yes
1. Article Addressed to: 130007-ET DNS06764-12 and 07274-12 MARIA J MONCADA ESQUIRE	If YES, enter delivery address below:
FPL L 700 UNIVERSE BLVD JUNO BEACH FL 33408-0420	3. Service Type
	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7009 3	3410 0002 4113 1406
PS Form 3811, February 2004 Domestic Re	tum Receipt 102595-02-M-1540

