

RECEIVED-FPSC

14 JAN 15 AM 9:37

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	<p>A. Signature X FPL - JB <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 140002-EG DN 02447-13</p> <div data-bbox="373 1176 722 1375" style="border: 1px solid black; padding: 5px; text-align: center;"><p>KENNETH M RUBIN SENIOR COUNSEL FPL 700 UNIVERSE BLVD JUNO BEACH FL 33408</p></div>	<p>B. Received by (<i>Printed Name</i>) C. Date of Delivery 700 Universe Blvd 1-10-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below Juno Beach FL 33408</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7011 3500 0001 5979 4134</p>