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| 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. Article Addressed to: DHH 17000-07 HDG: 0572-B, 0404B, 05128-B 0400252-13 | A. Signature X Charam Wittuin B. Received by (Printed Name) C. Date of Delivery Addam Wittuin D. Is delivery address different from item 1? If YES, enter delivery address below: No | | | |
| TracFone Wireless Inc. Janet Morejon 9700 NW I 12th Avenue Miami, FL 33178 | 3. Service Type Ø Certified Mall Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes | | | |
| 2. 7015 1520 0002 5520 2898 | | | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | | | |