

RECEIVED-FPSC

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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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Patricia Brun</i></p>
<p>1. Article Addressed to:</p> <p>Docket No. 170000-OT Document Nos. 09461-09, 00199-13, 01956-13, 04043-16, 04954-13, and 06463-13 Dulaney L. O'Roark, III Verizon Florida, LLC One Verizon Place Alpharetta, Georgia 30004</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>ALPHARETTA</i></p> <p>C. Date of Delivery <input type="checkbox"/> Addressee <i>2/16/17</i></p>
<p>2. <i>7015 1520 0002 5520 2935</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>FEB 17 2017</i></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? (Extra Fee) <input type="checkbox"/> Yes</p>