

RECEIVED-FPSC  
2017 MAY 31 AM 8:42  
COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Optical Communications, Inc. Mr. Brett Kaye 729 Piedmont Avenue, N.E. Atlanta, GA 30308-1416  <i>170103-TX (170100-170103)</i> <i>PSC 17-0191-PAA-TX DN 04924-T</i>	B. Received by (Printed Name) <i>DAVID KEITH</i> C. Date of Delivery <i>5/22/17</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7015 1520 0002 5520 3147 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	