

RECEIVED-FPSC
 2017 SEP 21 AM 9:15
 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 <i>Patricia Ben</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>9/17/17</u></p>
<p>1. Article Addressed to: 20140119-TP, 20150153-TP, and 20170000-OT Document Nos. 00171-2014, 01648-2014, 01701-2014, 03411-2014, 03651-2014, 04490-2014, 04491-2014, 04492-2014, 06430-2014 and 04072-2015</p> <p>Dulaney L. O'Roark, III Verizon Florida, LLC One Verizon Place Alpharetta, Georgia 30004</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> <hr/> <p>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>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. <u>7015 1520 0002 5518 7126</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	