

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.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Smith</i>	
1. Article Addressed to: <i>70401A-TP & 2015053-TP</i> <i>03354-2014, 03152-2015,</i> <i>and 03954-2015</i>	B. Received by (Printed Name) <i>SMITCHELL</i>	C. Date of Delivery
Windstream Florida, Inc. Tim P. Loken 4001 Rodney Parham Rd. Little Rock, AR 72212	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 0640 0001 2706 4148		

RECEIVED-FPSC
2017 SEP 27 AM 9:14
COMMISSION
CLERK