

RECEIVED-FPSC

2019 FEB 19 AM 9:03

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</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>	<b>A. Signature</b> <input checked="" type="checkbox"/> <i>Tim Wise</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> <b>Docket 20160000-OT</b> <b>DN 01738-2016</b> FairPoint Communications ATTN: Robert D. Meehan/Beth Westman 770 Elm Street, 1st Floor Manchester, NH 03101   9590 9402 2900 7094 5678 01	<b>B. Received by (Printed Name)</b> <i>Tim Wise</i>	<b>C. Date of Delivery</b> <i>2-4-18</i>
<b>2. Article Number (Transfer from service label)</b> 7017 0530 0001 1254 2332	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No  <b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt