

RECEIVED-FPSC

13 DEC 20 AM 9:55

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 <b>X</b> <i>Betty Sosta</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>130000-OT</b> <b>DNS 02996-11 &amp; 03226-11</b>	B. Received by (Printed Name) <b>BETTY SOSTA</b>	C. Date of Delivery <b>12/16/13</b>
<p>SUMMER SMITH REGULATORY ANALYST PAETEC MORROCROFT III 6801 MORRISON BLVD CHARLOTTE NC 28211</p>	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7011 3500 0001 5979 4455	
	Domestic Return Receipt 102595-02-M-1540	