

RECEIVED-FPSC

09 AUG 17 AM 9:18

COMMISSION  
CLERK

090325-TI

| 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<br><i>x Alexandra Bertrand</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  |                                       |
| 1. Article Addressed to:<br><br>USD CLEC, Inc.<br>318 South Clinton Street, Suite 502<br>Syracuse NY 13202-1114  | B. Received by (Printed Name)<br><i>Alexandra Bertrand</i>   | C. Date of Delivery<br><i>8/16/09</i> |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |                                       |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                       |
| <i>PSC-09-0544-PAA-TI</i> <i>090325-TI</i>   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |                                       |
| 7006 2760 0003 8795 2116   |  |                                       |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

38497 AUG 17 8

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