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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A Signature Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  Pam Brewer 3/4/19
1. Article Addressed to:  Docket 20150000-OT  DN 03189-2015  Inteserra Consulting Group  c/o Birch Communications  ATTN: Craig Neeld  151 Southhall Lane, Ste. 450  Maitland, FL 32790-0200	D. Is delivery address different from item 1?
9590 9402 3287 7196 4746 11  2. Article Number (Transfer from service label) 7017 0530 0001 1.254 2707	3. Service Type
7017 0530 0001 1254 2707 PS Form 3811, July 2015 PSN 7530-02-000-9053	\$500)  Domestic Return Receipt