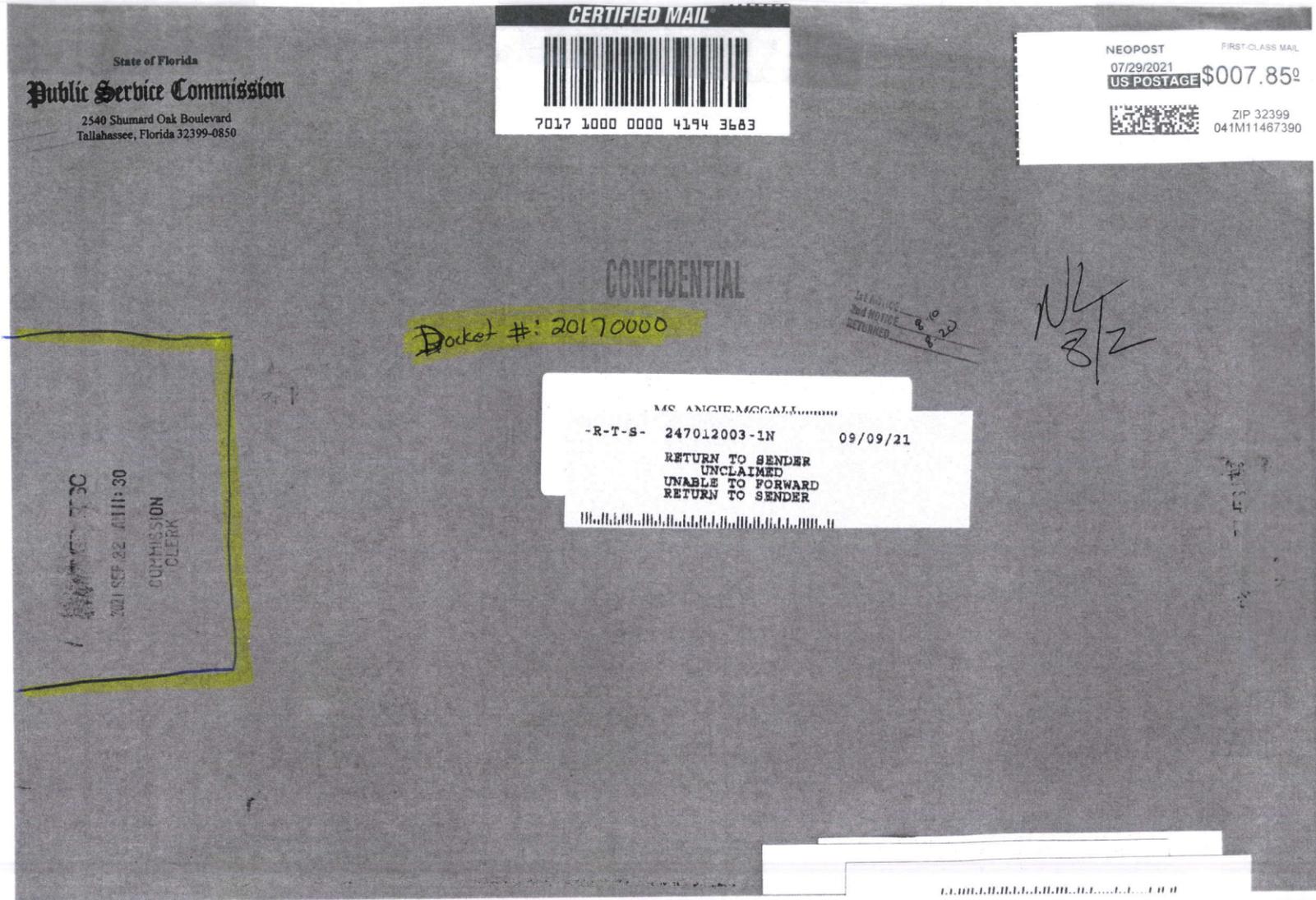


**Undeliverable mail returned from the U.S. Postal Service.
Address is consistent with the Master Commission Directory and/or the
Case Management System.**



Original Mailed to:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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.	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p>1. Article Addressed to: Dkt 20170000-OT DNs 03973-2017</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>MS. ANGIE MCCALL FRONTIER FLORIDA, LLC 300 BLAND STREET BLUEFIELD, WV, 24701-3020</p></div> <p style="text-align: center;"> 9590 9402 6460 0346 1574 42</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center;">7017 1000 0000 4194 3683</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>

State of Florida
Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

CONFIDENTIAL