

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input checked="" type="checkbox"/> <i>Betty Willis</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>DH: 140000-01</i> <i>DNS#: 01778-12, 01780-12,</i> <i>02451-12 & 02454-12</i>	B. Received by (Printed Name) <i>Betty Willis</i>	C. Date of Delivery
Betty J. Willis PaeTec Communications, Inc. 1201 West Peachtree St, Suite 610 Atlanta GA 30309-3449	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0003 1097 3294		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

RECEIVED-FPSC
 2016 MAY 13 AM 8:53
 COMMISSION
 CLERK