

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 <i>x Hilbi Ku</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Dkt: 110000-01</i> <i>Document Number: 05873-13</i>	B. Received by (Printed Name) <i>Nikki Kich</i>	C. Date of Delivery <i>5/13/16</i>
Laurie Murphy Assistant General Counsel Hotwire Communications One Belmont Avenue, Suite 1100 Bala Cynwyd, PA 19004-161	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 3355	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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 2016 MAY 16 AM 9:07
 COMMISSION CLERK