COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Received by (Please Print Clearly) B. Date of Delivery ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? BIYU- WBAWAN INBWADOO 047J82004132 ☐ No If YES, enter delivery address below: 1. Article Addressed to: PSC-05-1258 050750 12/27/2005 Westchester Telecom, Inc. Mailed From 32399 One North Broadway, 5th Floor White Plains NY 10601-2318 3. Service Type US POSTAGE Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes .7004 1160 0004 5751 0544 2. Article Number (Transfer from service label) Domestic Return Receipt PS Form 3811, March 2001

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Public Service Commission

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