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| SUPPERSOMMENT THE SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
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| 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. 1. Article Addressed to: | | A. Signiture Agent Addressee B. Received by (Rrinted Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes | |
| UNICOM Communications, LLC Mr. Charles D. D'Ascoli 17 Smoky Mountain Drive Franklin NC 28734-0796 | | If YES, enter delivery address below: LJ No | |
| | | 3. Service Type ★ Certified Mail □ Registered □ Insured Mail □ C.O.D. | |
| PSC-08-0524-PAA-TI | | 4. Restricted Delivery? (Extra Fee) Yes | |
| Article Number (Transfer from service label) | 7004 11 | 40 DOD4 5751 289D | |
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