

SENDER: COMPLETE THIS SECTION

- 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: **130000-OT**
DN 02772-10

BRUCE SCHOONOVER JR DIRECTOR
KNOLOGY - REGULATORY AFFAIRS
1241 O G SKINNER DR
WEST POINT GA 31833

2. Article Number
(Transfer from service label)

7006 2760 0003 8795 1539

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Sharon* Addressee

B. Received by (Printed Name) Agent
Sharon Addressee

C. Date of Delivery
9-20-13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMMISSION
CLERK

13 SEP 23 AM 8:06

RECEIVED--FPSC
FPSC - COMMISSION CLERK

FILED SEP 23, 2013
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