

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 02949-10

**JENNIFER PLANTE MANAGER
NUVOX - LEGAL AFFAIRS
TWO N MAIN ST
GREENVILLE SC 29601**

2. Article Number
(Transfer from service label)

7006 2760 0003 8795 1614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

LYN LOOK

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- Yes
 No



29601

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

RECEIVED-FPSC

13 SEP 23 AM 8:06

COMMISSION
CLERK

FILED SEP 23, 2013
DOCUMENT NO. 05616-13
FPSC - COMMISSION CLERK