

RECEIVED-FPSC  
13 SEP 26 AM 9:47  
COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <b>X</b> <i>Jane Smith</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jane Smith</i> C. Date of Delivery <i>9/23/13</i></p>
1. Article Addressed to: <i>130000-OT</i> <i>ONS 03082-10; 03442-10</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
ANGELA MCCALL MANAGER FRONTIER COMMUNICATIONS SOLUTIONS GOVERNMENT AND EXTERNAL AFFAIRS 300 BLAND ST BLUEFIELD WV 24701	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. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7006 2760 0003 8795 1577
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540