

RECEIVED-FPSC

13 DEC 20 AM 9:55

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> | A. Signature<br><b>X</b> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                     |
| 1. Article Addressed to: <b>130000-OT<br/>DN 03157-11</b>  | B. Received by ( <i>Printed Name</i> )  | C. Date of Delivery |
| SHARON ADAMS<br>SENIOR REGULATORY ANALYST<br>XO COMMUNICATIONS<br>13865 SUNRISE VALLEY DR<br>HERNDON VA 20171  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                     |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                     |
| PS Form 3811, February 2004  | 4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes<br><b>7011 3500 0001 5979 4493</b><br>Domestic Return Receipt 102595-02-M-  |                     |