

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>M. J. Deshields</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. J. Deshields</i></p> <p>C. Date of Delivery <i>5/12/16</i></p>
1. Article Addressed to: <i>Doc #: 160000-17</i> <i>Document #: 02790-12</i> <i>401921-13</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Sharon Adams, Senior Regulatory Analyst XO Communications Services, Inc. 13865 Sunrise Valley Drive Herndon, VA 20171	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. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7006 0100 0003 1097 3270
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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2016 MAY 16 AM 9:08
COMMISSION
CLERK