

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 <i>Carolyn Ridley</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>DHT: 140000001 DLCS: 0225-12 #01933-13</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>5-14-16</i></p>
<p>Carolyn Ridley Vice President of Regulatory Affairs tw telecom of florida l.p. 2078 Quail Run Drive Bowling Green, KY 42104</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Numb (Transfer from) <i>7011 3500 0001 5977 7618</i></p>	<p>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> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

RECEIVED-FPSC
 2016 MAY 17 AM 9:23
 COMMISSION
 CLERK