

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION (FOR 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 X <i>Chris Punzel</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>7015 0640-TP 0356-2014</i>	B. Received by (Printed Name) <i>Chris Punzel</i>	C. Date of Delivery <i>11/3</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
TDS Telecommunications Corporation Mr. Jeff Jung, Manager - Regulatory Settlements & Costing 525 Junction Rd Madison, WI 53717	Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Yes
2. Article Number (Transfer from)	<i>7015 0640 0001 2706 4308</i>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECEIVED-FPSC  
2017 NOV -7 AM 8:15  
COMMISSION  
CLERK