

RECEIVED-FPSC

2017 NOV -9 AM 9:01

COMMISSION
CLERK

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.		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Mary P. [Signature]</i>	
1. Article Addressed to: <i>20160119-TP</i> <i>03758-2016</i>		B. Received by (Printed Name)	C. Date of Delivery <i>11-3-17</i>
FairPoint Communications Robert D. Meehan, Director - Regulatory 770 Elm Street, 1st Floor Manchester, NH 03101		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7015 0640 0001 2706 4315			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	