RECEIVED-FPSC 2018 NOV 29 AM 9: 16 COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3.</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  B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to:  Docket 20150000-OT DN 02063-2015 Frontier Communications ATTN: Deborah Fasciano 21 West Avenue Spencerport, NY 14559	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9402 3287 7196 4726 93  2. Article Number (Transfer from service label) 7017 0530 0001 1254 2288	3. Service Type  Adult Signature  Asiult Signature Restricted Delivery Certified Mail®  Certified Mail®  Collect on Delivery Collect on Delivery Restricted Delivery ad Mail ad Mail Restricted Delivery  \$500)	□ Priority Mail Express®     □ Registered Mail™     □ Registered Mail Restricted Delivery     □ Return Receipt for Merchandise     □ Signature Confirmation™     □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receip