

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> <li>Article Addressed to:</li> </ul> Docket: 20170000-OT DN: 04823-2017	A. Signature  X
MS. ANNA SOKOLIN-MAIMON MGC TELEPHONY OF FLORIDA, LLC. ONE METJIACOM WAY MEDIACOM PARK, NY, 10918	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Priority Mail Express®  Registered Mail™  Registered Mail Restricted Delivery  Delivery
9590 9402 6460 0346 1570 60  2. Article Number ( <i>Transfer from service label</i> )  7020 2450 0001 8211 3831	Certified Mail Restricted Delivery  □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insure
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt