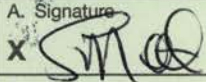


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COMMISSION
CLERK

| 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 X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | B. Received by (Printed Name) S. Mitchell | C. Date of Delivery |
| 1. Article Addressed to: 13 0278-TX DN 07139-13 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| EDWARD B KRACHMER SENIOR REGULATORY COUNSEL WINDSTREAM 4001 N RODNEY PARHAM LITTLE ROCK AR 72212 | 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. | |
| 2. Article Number (Transfer from service label) | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| | 7006 2760 0003 8795 1720 -11 | |