

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 checked="" type="checkbox"/> <i>Adrian Tolbert</i>	
1. Article Addressed to: <i>PH: 150253-TA</i> <i>DU: 07576-15</i>	B. Received by (Printed Name)	C. Date of Delivery <i>1-25-16</i>
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Dulaney L. O'Roark, III Verizon Florida, LLC One Verizon Place Alpharetta, Georgia 30004</p> </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 3500 0001 5977 8035		
Domestic Return Receipt		102595-02-M-1540

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 CLERK

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