

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"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to: <i>PH: 110000-01</i> <i>DNS: 02201-12 #01573-13</i>	B. Received by (Printed Name) <i>G. Monell</i> C. Date of Delivery <i>5/10/16</i>	
Deborah Fasciano Frontier Communications Solutions 21 West Avenue Spencerport, NY 14559	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 (Transfer from service label)	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	
7006 0100 0003 1097 3317		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

RECEIVED-FPSC
2016 MAY 16 AM 9:07
COMMISSION
CLERK