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<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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>D. MARIAS</i></p>	
<p>1. Article Addressed to: <i>Dist: 110000-01</i> <i>Document Number: 023518</i></p>	<p>B. Received by (Printed Name), <i>D. MARIAS</i></p>	<p>C. Date of Delivery <i>5-13-16</i></p>
<p>Angela Hoke Sr. Manager – Legal & Regulatory Cbeyond Communications, LLC 2323 Grand Blvd, Suite 925 Kansas City, MO 64108</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>7006 0100 0003 1097 3386</p> <p>102595-02-M-1540</p>