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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.	A. Signature <input checked="" type="checkbox"/> <i>W. Baird</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>DPH: 17000-01</i> <i>DOCUMENT # 0074-13</i>	B. Received by (Printed Name) <i>W. BAIRD</i>	C. Date of Delivery <i>2/13/17</i>
Nexus Communications, Inc. Heather Kirby 1725 Windward Concourse Suite 150 Alpharetta, Georgia 30005	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article (Transit)	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. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7015 1520 0002 5520 2881	Domestic Return Receipt 102595-02-M-1540