

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 <i>D. Fasciano</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>DN: 170000-07</i> <i>DN: 04150-12</i>	B. Received by (Printed Name) <i>Deborah Fasciano</i> C. Date of Delivery <i>Feb 28 2017</i>
Frontier Communications of the South, LLC Deborah Fasciano 21 West Avenue Spencerport, NY 14559	3. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <i>14559</i>
2. <i>7015 1520 0002 5520 2942</i>	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

RECEIVED FPSC
2017 MAR -6 PM 3:45
COMMISSION CLERK