

RECEIVED-FPSC
 2017 SEP -5 AM 9:05
 COMMISSION
 CLERK

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>W Baird</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>2075000-UT</i> <i>04744-2014</i>	B. Received by (Printed Name) <i>W. BAIRD</i>	C. Date of Delivery <i>9/11/17</i>
Expert Telecom Compliance, Inc. Heather Kirby 1725 Windeard Concourse, Suite 150 Alpharetta, GA 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 Number	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. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from <i>Domestic Return Receipt</i>)	7015 1520 0002 5520 3406	