

RECEIVED--FPSC
2017 SEP -5 AM 9: 04
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.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Erica Bandy</i></p> <p>B. Received by (Printed Name) <i>ERICA BANDY</i></p> <p>C. Date of Delivery <i>8-31-17</i></p>
<p>1. Article Addressed to:</p> <p><i>2017000001</i> <i>01del-204</i></p> <p>Knology of Florida, Inc. Bruce Schoonover 1240 O.G. Skinner Drive West Point, GA 31833-1789</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>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>2. <i>7015 1520 0002 5520 3451</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>