

2018 MAY 10 AM 9:07

COMMISSION
CLERK

RECEIVED-PPSC

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3.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>Brian Blakey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Docket 20180034-TA DN 01154-2018 Tracy W. Hatch AT&T Florida 675 West Peachtree St., NE, Ste. 4324 Atlanta, GA 30308		B. Received by (Printed Name) <i>Brian Blakey</i>	C. Date of Delivery <i>5/3/18</i>
2. Article Number (Transfer from service label) 7015 0640 0001 2706 4551		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

9590 9402 2900 7094 5675 42

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt