

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
1. Article Addressed to: Docket 20160000-OT DN 01665-2016 Sharon Brown Verizon Florida 600 Hidden Ridge Irving, TX 75038	X <i>C. Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
 9590 9402 2900 7094 5679 31	B. Received by (Printed Name) <i>C. Williams</i> C. Date of Delivery <i>12-4-18</i>
2. Article Number (Transfer from service label) 7017 0530 0001 1254 2318	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 2015 PSN 7530-02-000-9053	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"/> 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 <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

COMMISSION
CLERK

2019 APR 11 AM 10:00

RECEIVED-FPSC