

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: **130000-OT**
DN 02998-10

SUMMER SMITH
REGULATORY ANALYST
PAETEC
MORROCROFT III
6801 MORRISON BLVD
CHARLOTTE NC 28211

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Betty Saulo* Addressee

B. Received by (Printed Name) **Betty Saulo** C. Date of Delivery **9/20/10**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7006 2760 0003 8795 1669**
(Transfer from service label)

COMMISSION
CLERK

13 SEP 23 AM 8:06

RECEIVED-FPSC

FILED SEP 23, 2013
DOCUMENT NO. 05614-13
FPSC - COMMISSION CLERK