FILE

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:

Encompass Communications, LLC
Maurice Shackelford
119 W. Tyler St., 286
Longview, TX 75601

16-1-ALL-RPT

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Fulton ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 10/17/16

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

2016 OCT 20 PM 2:30 PUC FILING CLERK

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 *(Transfer from service label)* 7010 2780 0001 9375 3454

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician EMT Date processed OCT 20 2016