

FILE

3

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

BETTER COST ENERGY LLC  
 PETER LEITER  
 12714 VEIRS MILL RD, STE 104  
 ROCKVILLE MD 20853



9590 9403 0762 5196 5209 98 17-01

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *MAGDA ADRA* C. Date of Delivery *8/23/17*

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 P. 7016 2140 0001 0285 8005 Return Receipt

3 PM 2:52

17-01-AU-RPT

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

NET ONE INTERNATIONAL, INC.  
 WALID QUTTAINEH  
 1969 S. ALAFAYA TRAIL, SUITE 324  
 ORLANDO FL 32828



9590 9403 0762 5196 5209 50 17-01

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Casey Belkord* C. Date of Delivery *8/21/17*

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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. AUG 28 2017 Date Processed technician

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1. Article Addressed to:

CSD ENERGY ADVISORS, LLC  
 JONATHON SOWYRDA  
 2407 OAKS FORKS DR  
 KINGWOOD TX 77339



9590 9403 0762 5196 5207 45 17-01

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

S Form 3811, April 2015 PSN 7530-1 7016 2140 0001 0285 8135 Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

NET ONE INTERNATIONAL, INC.  
 SAMAR CHARANI  
 1969 S ALAFAYA TRAIL, STE 324  
 ORLANDO FL 32828

17-01

2. Article Number (Transfer from service label)

7016 2140 0001 0285 9279

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Casey Bellaso*  Agent  Addressee

B. Received by (Printed Name) *Casey Bellaso* C. Date of Delivery *8/20/17*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

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1. Article Addressed to:

HIGHPOWER ENERGY, LLC  
 DAMON KLESA  
 3577 COMMERCE DR  
 MIDDLETOWN OH 45005



9590 9403 0762 5196 5205 92 17-01

2. Article Number (Transfer from service label)

PS Form 3811, April 2015 PSN

7016 2140 0001 0285 8203

Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Damon Klesa*  Agent  Addressee

B. Received by (Printed Name) *Damon Klesa* C. Date of Delivery *8-25-17*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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1. Article Addressed to:

DELAWARE VALLEY ENERGY SOLUTIONS  
 KERRY STUTZMAN  
 562 TRESTLE PL, PO BOX 788  
 DOWINGTOWN PA 19335



9590 9403 0762 5196 5207 90 17-01

2. Article Number (Transfer from service label)

PS Form 3811, April 2015 PSN

7016 2140 0001 0285 8074

Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kerry Stutzman*  Agent  Addressee

B. Received by (Printed Name) *Kerry Stutzman* C. Date of Delivery *8/23/17*

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

3. Service Type

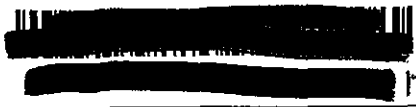
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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1. Article Addressed to:

EMERTECH INC  
 MARK COLLINS  
 2545 FARMERS DR, STE 250  
 COLUMBUS OH 43235



2. Article Number (Transfer from service label)  
 7016 2140 0001 0285 8821

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name)  C. Date of Delivery  
 8-23-14

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

09

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

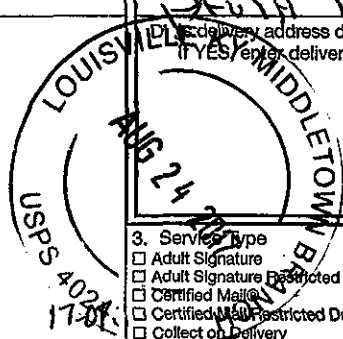
Domestic Return Receipt

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1. Article Addressed to:

NECC TELECOM, INC.  
 LUCIA POPA  
 4969 US HWY 42, STE 2700  
 LOUISVILLE KY 40222



2. Article Number (Transfer from service label)  
 7016 2140 0001 0285 9262

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name)  C. Date of Delivery  
 DENIA FRANCIS

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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1. Article Addressed to:

PULSE TELECOM LLC  
 SUSAN COCKERHAM  
 1725 WINDWARD CONCOURSE, SUITE 150  
 ALPHARETTA GA 30005



2. Article Number (Transfer from service label)  
 7016 2140 0001 0285 7978

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name)  C. Date of Delivery

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt