

SENDER: COMPLETE THIS SECTION	C - 05-0229 COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Cull Grant Agent Addressee B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes
XO Communications Services, Inc. Legal Department Two Eastern Oval, Suite 300	If YES, enter delivery address below: ☐ No
Columbus, OH 43219	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service labe) 7003 3110	5024 0200 6702
PS Form 3811, August 2001 Domestic Ref	