SENDER: COMPLETE THIS SECTION	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 DO MAN MAN DAY Agent Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery FEB 0 / 2011
1. Article Addressed to:	
Jennifer Gililand CVC CLEC, LLC	
2922 South Roosevett St. Tampe AZ 85282	3. Service Type ITTES COMMISSION Certified Mail Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 0710 (Transfer from service label)	0000 8015 1083
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540