


UT-171016 Formal Complaint RE-LLO 10-2-17

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, 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.	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>X Felicia R. Johnson</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Felicia R. Johnson 10-4-17</p>
<p>1. Article Addressed to <u>LOGGED/CASES</u></p> <p>Phil Grate <u>EMAILED/pc</u> Director, Regulatory Affairs Qwest Corporation 1600-7th Ave. RM 1506 Seattle, WA 98181</p>  <p>9590 9402 1206 5246 4458 96</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2250 0000 3417 4043</p>	

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

Domestic Return Receipt