SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	ete A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reve	erse X alana 🗆 Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailp or on the front if space permits.	piece, Has Kulin 8-23-16
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Jeff Ross	
Armstrong Cable Svcs One Armstrong Place	
Butler, PA 16001	
Paradolisia de Junio de Santa	3. Service Type ☑ Certified Mail ☐ Express Mall ☐ Registered ☑ Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
(Italisiei Itolii selvice label)	08 1300 0001 0437 2237
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X TACAGE Agent
Print your name and address on the reverse so that we can return the card to you.	LI Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (<i>Printed Name</i>) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
NBC non-duplication notice on	and the state of t
; ,	
Atlan <u>tic-Br</u> oadband	
1 Batterymarch Park, Ste 405 Quincy, MA 02169	
Quility, MA 02109	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) 7008 130	0 0001 0437 2244
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION COMPLET	E THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete A. Signature	ure /
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Addressee
so that we can return the card to you.	ed by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	4+10cal 9.23-17
	ery address different from item 1?
Robert Loveridge	Sinoi delivery address below.
Blue Devil Cable TV Inc	
116 S 4th St	
Toronto, OH 43964	
3. Service	
□ Regi	
□ Insu	red Mail C.O.D.
	ted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7008 1300 000	1 0437 2268

SENDER: COMPLETE THIS	SECTION	COMPLETE THIS SECTION ON DI	ELIVERY
Complete items 1, 2, and 3 item 4 if Restricted Deliver Print your name and addres on that we can return the complete items 1, 2, and 3 items 4.	y is desired. ess on the reverse card to you.	A. Signature X W M M LLV B. Received by (Printed Name)	Agent Addres C. Date of Deliv
Attach this card to the bac or on the front if space per	k of the mailpiece,	TPRA MCCULE D. Is delivery address different from its	9-23-11
1. Article Addressed to:	* */ 	If YES, enter delivery address be	
Attn: Board of Directors Brockway Television, Inc. 501 Main St	500		
Brockway, PA 15824		3. Service Type ☐ Certified Mail ☐ Express I☐ Registered ☐ Return Re ☐ Insured Mail ☐ C.O.D.	Mail eceipt for Merchan
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7008 1300	0001 0437 2275	
PS Form 3811, February 200	Domestic Ret	turn Receipt	102595-02-M
SENDER: COMPLETE THIS SECTION	V COMPLE	TE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired Print your name and address on the	d. x A	relation	Agent Addressee
so that we can return the card to you attach this card to the back of the m or on the front if space permits.	ailpiece,	OUD K. CUREUR	of Delivery
1. Article Addressed to:	D. Is deliv	very address different from item 1? , enter delivery address below: ,	No.
Dennis Cuttrell Citizens Cable Communications 2748 State Route 982			585
Mammoth, PA 15664-0135		e Type rtified Mail □ Express Mail gistered □ Return Receipt for M	erchandise
		ured Mail C.O.D.	Yes
Article Number (Transfer from service label)		01 0437 2343	les
PS Form 3811, February 2004	Domestic Return Receipt	1025	95-02-M-1540
			88 47 1 31
SENDER: COMPLETE THIS SECTION	A. Signature	ION 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. 	x Dwinkll	✓ Agent ☐ Addressee	
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed	Name) C. Date of Delivery	
. Article Addressed to:	D. Is delivery address diff If YES, enter delivery		
Jaime Montes Consolidated Communications d/b/a Enterprise Services, Inc.			
121 S 17th Street Mattoon, IL 61938	☐ Registered E	Express Mall Return Receipt for Merchandise C.O.D.	
	4. Restricted Delivery? (
2. Article Number 7008 1	.300 0001 043	17 2350	
	eturn Receipt	102595-02-M-1540	

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 	A, Signature X Agent Addresse
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.	B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Jonathan Kurien Crystal Broadband Network 5860 Main Street	
Clay City, KY 40312	3. Service Type ☑ Certified Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandis☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7日日告 上	300 0001 0437 2367
PS Form 3811, February 2004 Domestic	Return Receipt 102505-02-M-15
	PLETE THIS SECTION ON DELIVERY
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,	ceived by (Printed Name) Agent Addressee C. Date of Delivery
	delivery address different from Item 1? Yes
Brian Jeffers HTC Communications	/ES, enter delivery address below: ☐ No
75 Main St. Hickory, PA 15340	and the second s
N N	rvice Type Certified Mail
<u> </u>	Registered A Return Receipt for Merchandise Insured Mail C.O.D. Stricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	
Domestic Return Receipt	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SE	
item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you	CTION ON DELIVERY Agent
or on the front if space permits. 1. Article Addressed to: B. Received by (Print or on the front if space permits.) D. Is delivery addressed.	Kay 1.23-19
James Kail LHT€ Broadband 4157 Main Street Stahlstown, PA 15687	y address below:
3. Service Type	
☐ Certified Mail ☐ Registered ☐ Insured Mail	Express Mail Return Receipt for Merchandise C.O.D.
2. Article Number 4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Return Receipt	C 7 8 J

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102505-02-M-1540

SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Al item 4 if Restricted Delivery is ■ Print your name and address of so that we can return the card ■ Attach this card to the back of or on the front if space permits 	desired. In the reverse to you. the mailpiece,	A. Signature X. C. W. G. Agent G. Addresse B. Received by (Printed Name) C. Date of Delive C. Date of Delive
1. Article Addressed to:		D. Is delivery address different from item/1? ☐ Yes If YES, enter delivery address below: ☐ No
Larry Sisler Procom/Mountain Communic 452 Casteel Rd. Bruceton Mills, WV 26525	ations LLC	ii 123, etitei delivery address below.
		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
2	11 1111 1 1 11	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number	7008 1	300 0001 0437 2398
/PS Form 38111, February 2004	Domestic Re	turn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION		ETE 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 reveso that we can return the card to you. Attach this card to the back of the mailpior on the front if space permits. 	B. Recei	ved by (Printed Name) C. Date of Delivery
Article Addressed to:		very address different from item 1? Yes
Doug Friend QCOL, INC. 213 Main St., PO Box 7 Markleysburg, PA 15459	arg (III E	s, enter delivery address below: Li No
	□ Re	ertified Mail
2. Article Number		icted Delivery? (Extra Fee)
(Transfer from service label)	9 7300 000	1 0437 2404
PS Form 3811, February 2004	omestic Return Receip	t 102595-02-M-1540
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,	COMPLETE THIS A. Signature B. Received by (F	Agent Addressee Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery addre	ess different from item 1?
Chris Kyle Shenandoah Cable Television, LLC 500 Shentel Way Edinburg, VA 22824		
	3. Service Type ☐ Certified Mai ☐ Registered ☐ Insured Mail	☐ Return Receipt for Merchandise☐ C.O.D.
2. Article Number	4. Restricted Deliv	ery? (Extra Fee)
	300 0001 0	437 2961
PS Form 3811, February 2004 Domestic Re	eturn Receipt	102595-02-M-1540

SENDER: COMPLETE	THIS SECTION	V	COMPLETE THIS S	ECTION ON DEL	IVERY
■ Complete items f, 2, item 4 ft Restricted D ■ Print your name and a so that we can return ■ Attach this card to the or on the front if space	and 3. Also con elivery is desired address on the i the card to you e back of the m	nplete d. reverse i.	A. Signature X Darbara B. Received by (Print Barbara)	Dish nted Name) rehl	Agent Address C. Pate of Delive
1. Article Addressed to: Mike Diehl Somerfield Cable TV 6511 National Pike Addison, PA 15411			3. Service Type Certified Mail Registered Insured Mail	very address belo	w:
			Restricted Deliver		☐ Yes
2. Article Number (Transfer from service late PS Form 3811, Februar SENDER: COMPLETE THIS SECTION	y 2004	Domestic Ret	urn Receipt THIS SECTION ON DE	ELIVERY	102595-02-M-1
PS Form 3811, Februar SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you attach this card to the back of the interest of the section.	DN complete red. e reverse ou.	A. Signature	THIS SECTION ON DE	C. Date of De 9 - 23 -	essee
PS Form 3811, Februar SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to you	DN complete red. e reverse ou.	A. Signature X. A. B. Received D. Is delivery	THIS SECTION ON DE	C. Date of Del 9 - 23 - tem 1? Yes	essee livery
PS Form 3811, Februar SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistent 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the or on the front if space permits. Article Addressed to: Tim Keister Venus Telephone Corp.	DN complete red. e reverse ou.	A. Signature X. A. B. Received D. Is delivery If YES, en	by (Printed Name) RACE address different from in	C. Date of Del 9 - 23 - term 1? Yes low:	essee livery
PS Form 3811, Februar SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistent 4 if Restricted Delivery is desired and address on the so that we can return the card to you attach this card to the back of the or on the front if space permits. Article Addressed to: Tim Keister	DN complete red. e reverse ou.	A. Signature X. A. B. Received D. Is delivery If YES, en	by (Printed Name) address different from inter delivery address be BOX 75 pe d Mail Express Name	C. Date of De 9 - 23 - tem 1? Yes low: No	essee livery
PS Form 3811, Februar SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also concitem 4 if Restricted Delivery is desir Print your name and address on the so that we can return the card to you attach this card to the back of the or on the front if space permits. Article Addressed to: Tim Keister Venus Telephone Corp. 1698 County Line Road	DN complete red. e reverse ou.	A. Signature X. A. B. Received A. Same of the second of	by (Printed Name) address different from inter delivery address be BOX 75 pe d Mail Express Name	C. Date of Del 9 - 23 - tem 1? Yes low: No	essee livery