

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>aldrh</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Jeff Ross Armstrong Cable Svcs One Armstrong Place Butler, PA 16001	B. Received by (Printed Name) <i>Alan Kulin</i>	C. Date of Delivery <i>2-23-05</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 1300 0001 0437 2237	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15	

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1. Article Addressed to: NBC non-duplication notice on Atlantic Broadband 1 Batterymarch Park, Ste 405 Quincy, MA 02169	B. Received by (Printed Name) 	C. Date of Delivery <i>4-23-09</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 1300 0001 0437 2244	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: Robert Loveridge Blue Devil Cable TV Inc 116 S 4th St Toronto, OH 43964	B. Received by (Printed Name) <i>Robert Loveridge</i>	C. Date of Delivery <i>7-23-07</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 1300 0001 0437 2268	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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	B. Received by (Printed Name) TARA MCCURE	C. Date of Delivery 9-23-11
1. Article Addressed to: Attn: Board of Directors Brockway Television, Inc. 501 Main St Brockway, PA 15824	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7008 1300 0001 0437 2275		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

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	B. Received by (Printed Name) ARNOLD K. CUTTRELL	C. Date of Delivery SEP 30 2011
1. Article Addressed to: Dennis Cuttrell Citizens Cable Communications 2748 State Route 982 Mammoth, PA 15664-0135	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7008 1300 0001 0437 2343		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15-10

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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	B. Received by (Printed Name) Dustin Fidler	C. Date of Delivery
1. Article Addressed to: Jaime Montes Consolidated Communications d/b/a Enterprise Services, Inc. 121 S 17th Street Mattoon, IL 61938	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7008 1300 0001 0437 2350		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15-40

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, or on the front if space permits.

1. Article Addressed to:

Jonathan Kurien
 Crystal Broadband Network
 5860 Main Street
 Clay City, KY 40312

2. Article Number
 (Transfer from service label)

7008 1300 0001 0437 2367

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  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

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Brian Jeffers
 HTC Communications
 75 Main St.
 Hickory, PA 15340

2. Article Number
 (Transfer from service label)

7008 1300 0001 0437 2374

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154L

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  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

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

James Kail
 LHTC Broadband
 4157 Main Street
 Stahlstown, PA 15687

2. Article Number
 (Transfer from service label)

7008 1300 0001 0437 2381

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  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

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



PO Box 168

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Larry Sisler
 Procom/Mountain Communications LLC
 452 Casteel Rd.
 Bruteton Mills, WV 26525

2. Article Number
 (Transfer from service label)

7008 1300 0001 0437 2398

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ken Watring*

- Agent
 Addressee

B. Received by (Printed Name)

Ken Watring

C. Date of Delivery

9/23/19

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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1. Article Addressed to:

Doug Friend
 QCOL, INC.
 213 Main St., PO Box 7
 Markleysburg, PA 15459

2. Article Number
 (Transfer from service label)

7008 1300 0001 0437 2404

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cindy Frantz*

- Agent
 Addressee

B. Received by (Printed Name)

Cindy Frantz

C. Date of Delivery

9-23-19

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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1. Article Addressed to:

Chris Kyle
 Shenandoah Cable Television, LLC
 500 Shentel Way
 Edinburg, VA 22824

2. Article Number
 (Transfer from service label)

7008 1300 0001 0437 2961

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael Cooper*

- Agent
 Addressee

B. Received by (Printed Name)

Michael Cooper

C. Date of Delivery

9/23/19

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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1. Article Addressed to:

Mike Diehl
 Somerfield Cable TV
 6511 National Pike
 Addison, PA 15411-2153

2. Article Number

(Transfer from service label)

7008 1300 0001 0437 2978

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Barbara Diehl

 Agent Addressee

B. Received by (Printed Name)

Barbara Diehl

C. Date of Delivery

9/23/19

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Tim Keister
 Venus Telephone Corp.
 1698 County Line Road
 Venus, PA 16364

2. Article Number

(Transfer from service label)

7008 1300 0001 0437 2985

PS Form 3811, February 2004

Domestic Return Receipt

102595-02

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Ash [Signature]

 Agent Addressee

B. Received by (Printed Name)

Adam Black

C. Date of Delivery

9-23-19

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

PO Box 75

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Mer Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes