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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. Article Addressed to: 	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
Kelly Windham Tax Division Momentum Telecom, Inc.	3. Service Type
880 Montclair Road, Suite 400 Birmingham, AL 35213	☐ 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) 7007 0710 0000 8014 9752	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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