

Comcast Cable Communications

MM 15-91C

**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.

1. Article Addressed to:

Douglas R. Guthrie  
 Senior Vice-President, Big South Region  
 Comcast Communications, LLC  
 1701 John F. Kennedy Boulevard  
 Philadelphia, PA 19103

A. Signature  
 X **COMCAST CORPORATION**  Agent  Addressee

B. Receiver's Name: **ONE COMCAST CENTER** C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below

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 3230 0000 9452 1901**

RECEIVED  
 U.S.E.P.A.  
 8-1 PM 1:00  
 APPEALS BOARD