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 **COMMONWEALTH OF PENNSYLVANIA**

 **PENNSYLVANIA PUBLIC UTILITY COMMISSION**

 **400 NORTH STREET 2ND FLOOR, HARRISBURG, PA 17120**

 ***October 4, 2016***

 IN REPLY PLEASE

 REFER TO OUR FILE NUMBER

**M-00001337**

**RICH ZARATE, CUSTOMER RELATIONSHIP MANAGER**

**SOLIX, INC.**

**STATE PROGRAM MANAGEMENT**

**30 LANIDEX PLAZA, WEST**

**PARSIPPANY, NJ 07054**

 Dear Sir/Madam:

 We are returning your **Summary of the Activity for the Pennsylvania Universal Service Fund for the 1/2015-12/2015 Period of Operations** of **Solix, Inc.**, to you because it is required for us to have an original signature. Please sign in ink as indicated by the tab stating ‘Sign Here’ and return to the address listed at the top of this letter within 10 days.

 Once we receive your Response with your original signature we will be able to process as needed. If you do not return within 10 days your filing will be considered unfiled.

 Thank you for your attention to this matter.

 Very truly yours,



 Rosemary Chiavetta

 Secretary

Enclosures

**RC:al**