

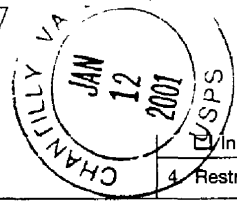
SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>J. Dunlop</i>	<i>1/12/01</i>
C. Signature	<input type="checkbox"/> Agent
X <i>001337-TE</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
Address below:	<input type="checkbox"/> No

ACG Telecom Services Incorporated
 E. Timothy Kovanic
 12210 Fairfax Towne Center, Suite 815
 Fairfax VA 22033-2877



Registered Mail

Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)
7000 0600 0026 4144 4123

APP
 CAF
 CMP
 COM
 CTR
 ECR
 LEG
 OPC
 PAI
 RGO
 SEC
 SER
 OTH

DOCUMENT NUMBER-DATE
00710 JAN 17 01
 FPSC-RECORDS/REPORTING