

10/21/99

1087-SC

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. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <input type="checkbox"/> Addressee	
Southern States Telephone, Inc. 6355 Metrowest Blvd., Suite 450 Orlando FL 32835-6206	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 5px;">010213-TX</div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)
 7000 0600 0026 4144 3348

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DOCUMENT NUMBER-DATE

06419 MAY 21 99

FPSC-RECORDS/REPORTING