ORIGINAL

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OCNOCIO CONTRACTOR CON	
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 	A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature
1. Article Addressed to: Comp.mas	Is delivery address different from item 1? If YES, exiter delivery address below: No
030829-TP (+	By 3
BellSouth Telecommunications, Inc. Nancy B. White/James Meza III c/o Nancy H. Sims	(Market)
150 South Monroe Street, Suite 400	Service Type
Tallahassee, Florida 32301-1556	ertified 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) 7002 6866 0001 1755 6330	
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

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