

ORIGINAL

RECEIVED-FPS

03 OCT 20 AM 9:1

COMMISSION  
CLERK

**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.

1. Article Addressed to: **030797**

CityCom Telecommunications, Inc.  
3955 Marconi Drive, Suite 200  
Alpharetta GA 30005-5498

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

*x Jeannette Coof*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

- Express Mail
- Return Receipt for Merchandise
- C.O.D.
- Extra Fee)  Yes

2. Article Number **7002 0860 0001 1755 6996**  
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
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DOCUMENT NUMBER-DATE

10208 OCT 20 03

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