

ORIGINAL

RECEIVED-FPSC

05 JAN 27 AM 9:33

COMMISSION
CLERK

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: 050721	C. Signature <i>K Shy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
North American Telephone Network, L.L.C. 4151 Ashford Dunwoody Road, Suite 675 Atlanta GA 30319-1461	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PSC-06-0051-W-TI	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. A <u> 7 </u> PS F	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE
 00822 JAN 27 8
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