

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number 47-0245

4b. Service Type
 Certified
 Insured
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery 2-18-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to: 970071
 Northern Florida Telephone Corporation
 11656 Lilburn Park Drive
 St. Louis MO 63146-3535

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN AL

DOCUMENT NUMBER-DATE
 02074 FEB 24 95
 FPSC-RECORDS/REPORTING