

ORIGINAL
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Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requester" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 970639 4a. Article Number: 97-0140

Telephone Company
 Waterway Court
 Peake VA 23322

Service Type:
 Certified
 Insured
 Receipt for Merchandise
 COD
 Delivery 2-5-97

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

7. Signature: [Signature]
 X PS Form 3811, December 1994

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

DOCUMENT NUMBER-DATE

06980 JUL 11 5

FPSC-RECORDS/REPORTING