

ORIGINAL

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 Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to: 981621 4a. Article Number 99-127

Group Long Distance, Inc.
 Mr. Chris Stockhoff
 % Telecom Compliance Services, Inc.
 6455 East Johns Crossing, Suite 285
 Duluth GA 30097

Certified
 Insured
 COD
2-11-99
only if requested

5. _____

6. Signature: [Signature]

PS Form 3811

Is your RETURN ADDRESS completed on the reverse side? _____

Thank you for using Return Receipt Services.

PSC-99-0230-FOF-71

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

DOCUMENT NUMBER - DATE
02378 FEB 22 1999
 FPSC-RECORDS/REPORTING