

ORIGINAL

990970-TP

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number 99-185

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

Date of Delivery _____

5. Received By: (Print Name) _____

6. Signature: (Addressee or Agent)
X Cathy Lessler

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

BellSouth Telecommunications, Inc.
 Nancy H. Sims, Attorney
 150 South Monroe Street, Suite 400
 Tallahassee, Florida 32301-1556

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC 1
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

09118 AUG-2 88

FPSC-RECORDS/REPORTING