

0350-FOF

Is your RETURN	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.	000027-14 I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	American Public Telephone Company, South, Inc. Sandra Bartlett 12706 53rd Street Tampa FL 33617-1202	00-0063 <input type="checkbox"/> Certified <input type="checkbox"/> Insured Merchandise <input type="checkbox"/> COD 2-25-00
	5. Received By: (Print Name) RK Bartlett	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature: (Addressee or Agent) X RK Bartlett	

Thank you for using Return Receipt Service.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- BIG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- VAW _____
- OTH _____

DOCUMENT NUMBER-DATE
 02634 FEB 28 8
 FPSO-RECORDS/REPORTING