

1815-PAA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 10/5/00
1. Article Addressed to: 000968-TC	C. Signature X <i>James M. Bracewell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Southern Tele-Communications James M. Bracewell 125 North Cove Terrace Drive Panama City FL 32401-4034 2. Article Number (Copy from service label) 700 0660 0026 4145 5181	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

- Express Mail
- Return Receipt for Merchandise
- C.O.D.
- Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC I
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

12794 OCT-68

FPSC-RECORDS/REPORTING