

ORIGINAL

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent Addressee

Different from item 1? Yes No
address below: No

National Telecom, Inc.
Mr. Chris Stockhoff
% Telecom Compliance Services, Inc.
6455 East Johns Crossing, Suite 285
Duluth GA 30097-1568

Express Mail
Return Receipt for Merchandise

Insured Mail C.O.D.

4 Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

7000 0600 0026 4144 7803

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DOCUMENT NUMBER-DATE

00094 JAN-30

FPSC-RECORDS/REPORTING

7000 0600 0026 4144 7803