

ORIGINAL

001307-TI

01-0037-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) C. Gallin	B. Date of Delivery 1-12-01
	C. Signature X C. Gallin 001307-TI	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes address below: <input checked="" type="checkbox"/> No	
Eagle 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 <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2 Article Number (Copy from service label) 7000 0600 0026 4144 4109		

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

AIR _____
 GND _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

00607 JAN 16 2001

FPSC-RECORDS-REPORTING