

001359-TI
01-0078-PAA

ORIGINAL

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) <i>AS Johnson</i>	B. Date of Delivery <i>1/12/01</i>
	C. <i>X 001359-TI</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Ozark Telecom, Inc. Linda Walters 1115 Mill Street Camden SC 29020-3743</p>		
	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Return Receipt for Merchandise 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)
7000 0600 0026 4144 #178

- APP _____
- CAF _____
- CMP _____
- COM _____
- INT _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- PGO _____
- SEC _____
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE
00608 JAN 16 01
 FPSC-RECORDS/REPORTING