

ORIGINAL

011018-TI

Deleted on the reverse side?

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.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 011018-

4a. Article Number

Southern States Telephone, Inc.
415 Southpark Circle, Suite 140
Orlando FL 32819-9061

- Certified
- Insured
- COD

PSC-01-2070-PAA-TI

Address (Only if requested)

Is your

6. Signature: (Addressee or Agent)

X *[Handwritten Signature]*

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

- APP
- CAF
- CLMP
- CCMI
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- OTH

DOCUMENT NUMBER-DATE

13585 OCT 26 84

FPSC-COMMISSION CLERK