

D11013-TI

ORIGINAL

2177 PAA

Completed 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:

011013

4a. Article Number

4b. Service Type

- Certified
- Insured
- COD

Network, Inc.
 Chris Stockhoff
 Telecom Compliance Services, Inc.
 455 East Johns Crossing, Suite 285
 Duluth GA 30097-1568

Bill
 Payment for Merchandise
 Delivery
 11891
 Address (Only if requested)
 Paid

Thank you for using Return Receipt Service.

Is your

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

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

DOCUMENT NUMBER-DATE

14359 NOV 13 86

FPSC-COMMISSION CLERK