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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.	5
sted o		NOOD BAZE HILL	
N 1	BellSouth Telecommunications, Inc. Nancy H. Sims, Director - Regulatory Relations: 50 South Monroe Street, Suite 400 Fallahassee, Florida 32301-1556	Ad Certified Mail Insured Coop	
RETURN	\Box	paid)	
ls your	6. Signature: (Addressee or Agent) X AMUA XMM PS Form 3811 , December 1994	Domestic Return Receipt	

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