

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) TALLHASSEE ALGIVE	B. Date of Delivery 6/17/02
1. Article Addressed to: <i>Comp. mae</i> <i>026507-7L</i>	C. Signature: X <i>Nancy Sims</i>	
BellSouth Telecommunications, Inc. Nancy Sims, Director - Regulatory Relations 150 South Monroe Street, Suite 400 Tallahassee, Florida 32301-1556	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article <u>700</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Forr

595-00-M-0952

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE
 06402 JUN 20 02
 FPSC-COMMISSION CLERK