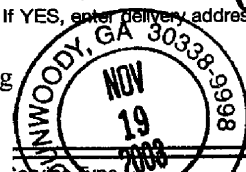


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return 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)	B. Date of Delivery
<p>1. Article Addressed to: 031046-TP Comp. max</p> <p>BellSouth Long Distance, Inc. Mary Jean Dennis, Director of Regulatory & Tariffing North Terraces Building 400 Perimeter Center Terrace, Suite 400 Atlanta, Georgia 30346-1231</p>	C. Signature <i>D. Murray</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (Transfer from service label) 7002 0860 0001 1758 7013</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;">  </div> 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

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

DOCUMENT NUMBER-DATE

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