

ORIGINAL

RECEIVED: FPSC

04 JAN 14 AM 9:36

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) CATHERINE ARANT B. Date of Delivery 1/12/04

C. Signature x Kath Arant Agent Addressee

Address different from item 1? Yes
or delivery address below: No

BellSouth Telecommunications, Inc.
Nancy B. White, Esquire
 c/o Nancy H. Sims, Director - Regulatory Relations
 150 South Monroe Street, Suite 400
 Tallahassee, Florida 32301

040018-TP.comp.mar

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7002 0860 0001 1758 7099

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE
 00567 JAN 14 03
 FPSC-COMMISSION CLERK