

ORIGINAL

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04 JUL 19 AM 10:27

COMMISSION
CLERK

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>Lance</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>040427</u></p> <p>FoxTel, Inc. Mr. Lance J.M. Steinhart % Telecom Compliance Services, Inc. 1720 Windward Concourse, Suite 250 Alpharetta GA 30005-2293</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv</p>	<p><u>7002 0860 0001 1758 7679</u></p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

ORDER NO. PSC-04-0662-PAA-TI

DOCUMENT NUMBER-DATE

07809 JUL 19 2004

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