

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) LINDA CODY Date of Delivery AUG 21 2001</p> <p>C. Signature <i>Linda Cody</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>* 01-99 Angela M. Brown Richard M. Sbaratta BellSouth Telecommunications, Inc. 675 West Peachtree Street Suite 4300 Atlanta, GA 30375-0001</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>0023 8168 1239</u></p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. 0199

ORDER DATED 8-3-01
011-31132
FCC 33,243536
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

CERTIFIED MAIL

AUG 13 P 3:43

NAME: Angela M. Brown
675 West Peachtree Street, Suite 4300
Atlanta, GA 30375-0001

C. R. R. NO. _____
BY _____

FCC Form 55 May 1990

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$ <u>57</u>
Certified Fee	<u>210</u>
Return Receipt Fee (Endorsement Required)	<u>150</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>417</u>
Name (Please Print Clearly) (to be completed by mailer) <u>Angela M. Brown</u> Street, Apt. No. or PO Box No. <u>675 West Peachtree Street</u> City, State, ZIP+4 <u>Atlanta, GA 30375-0001</u>	

7000 0600 0023 8168 1239

Postmark Here 8/3/01

PS Form 3800 July 1999 See Reverse for Instructions