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.

1. Article Addressed to: 8-23-01

* 01-99

Angela M. Brown
Richard M. Sbaratta
BellSouth Telecommunications, Inc.
675 West Peachtree Street
Suite 4300
Atlanta, GA 30375-0001

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
0023 8169 0163

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

DOCKET NO. 01-99

ORDER DATED
8-23-01
FCC 01M-41, 42, 43
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Andrew J. Phillips
141 N. Sawyer Street
Oshkosh, WI 54902

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	$ .34
Certified Fee	210
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

Postmark Here
01-99
8/23/01
LENFANT PLAZA STA. USPS
1002

Name (Please Print Clearly) (to be completed by mailer)
Andrew J. Phillips
Street, Apt. No.; or PO Box No.
141 N. Sawyer Street
City, State, ZIP+4
Oshkosh, WI 54902

PS Form 3800 July 1999 See Reverse for Instructions

7000 0600 0023 8169 0194