

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: 10401

* 01-99
 Angela M. Brown
 Richard M. Sbaratta
 BellSouth Telecommunications, Inc.
 675 West Peachtree Street
 Suite 4300
 Atlanta, GA 30375-0001

2. Article Number (Copy from service label)
0023 8168 9310

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) LINDA CODY B. Date of Delivery OCT 21 1999

C. Signature Linda Cody Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

DOCKET NO. 0199

RECEIVED
OCT 11 2000
CERTIFIED MAIL

ORDER DATED
<u>10401</u>
FCC <u>011154</u>
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Angela M. Brown C. R. R. NO.
675 West Peachtree Street
Suite 4300
Atlanta, GA 30375-0001 BY _____

FCC Form 55 May 1990

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

0199 918 200 0090 0007

Postage	\$ <u>34</u>
Certified Fee	<u>2.00</u>
Return Receipt Fee (Endorsement Required)	<u>1.54</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>3.94</u>



Name (Please Print Clearly) (to be completed by mailer)
Angela M. Brown
 Street, Apt. No. or P.O. Box No.
675 West Peachtree Street
 City, State, ZIP+4
Atlanta, GA 30375-0001

PS Form 3800, July 1999

See Reverse for Instructions