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: 10-2501

* 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): LINDA CODY
B. Date of Delivery: NOV 0
C. Signature: x Linda Cody ☐ 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 8468 6210

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

DOCKET NO. 01-99

ORDER DATED 10-25-01
FCC 01M-3458
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Angela M. Brown C. R. R. NO.
675 West Peachtree Street
Suite 4300
Atlanta, GA 30375-0001 CITY
FCC Form 55 May 1990

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

Postage	$ 1.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	$ 3.94

Postmark Here

HAMPTON PK FIN UNIT CAPITAL HGTS MD-USPS-20795 OCT 31 2001 01-99

7000 0400 0023 8468 6210

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

See Reverse for Instructions