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: 12-4-01

* 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 DEC 18 2001

C. Signature X ☐ 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 8168 5510

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

DOCKET NO. 01-99

ORDER DATED 12-4-01

FCC 01-363

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

FCC Form 55 May 1990

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

7000 0600 0023 8168 5510

Article Sent To

Postage	$ .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 PARK FIN UNIT CAPITAL HTS MD DEC 17 2001 PSPS-20791

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

PS Form 3800, July 1999 See Reverse for Instructions