

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: 000937

COMPLETE THIS SECTION ON DELIVERY

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

9-27-00

C. Signature Agent Addressee

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

Telecommunications Service Center, Inc.
Cold Shankland
2 East Madison Street, Suite 1200
Tampa FL 33602-4619

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

2. Article Number (Copy from service label)

7000 0600 0026 4445 6447

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC I _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

12424 SEP 29 8

FPSC RECORDS REPORTING