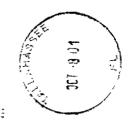


2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



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SENDER:

■Complete items 1 and/or 2 for additional services

■Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this

Mr. Bob Morri

2300 Lake Park

Smyrna GA 30080-4079

■ Attach this form to the front of the mailpiece, or on the back if space does not

■ Write "Return Receipt Requested" on the mailpiece below the article number.

■The Return Receipt will show to whom the article was delivered and the date

3. Article Addressed to:

I also wish to receive the following services (for an extra fee):

Addressee's Address

2. 

Restricted Delivery

Consult postmaster for fee.

4a. Article Number

SouthNet Telecomm Services, Inc. Mr. Bob Morris 2300 Lake Park Drive, Suite 100 Smyrna GA 30080-4079

☐ Certified ☐ Insured for Merchandise 

COD

ddress (Only if requested

arru ree is pard)

6. Signature: (Addressee or Agent)

Domestic Return Receipt

DOCUMENT NUMBER-DATE  $\approx$ 130  $\infty$ S  $\mathfrak{S}$ 

FPSC-CONMISSION CLERK

PS Form 3811, December 1994