ORIGINAL

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery
1-2-01

C. Signature
X 001278-TI ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
address below: ☐ No

Call Plus, Inc.
Mr. Chris Stockhoff
% Telecom Compliance Services, Inc.
6455 East Johns Crossing, Suite 285
Duluth GA 30097-1568

PSC-00-2523-PAA-TI

] Express Mail
] Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0026 4144 7742

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

DOCUMENT NUMBER-DATE
00397 JAN-9 ☐
FPSC-RECORDS/REPORTING