## ORIGINAL

	, ~
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Received by (Please Print Clearly)  B. Date of Delivery  A 35 7 8 12-13-07  C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
CTX Payphone Company Mr. Abdur Khan 14119 S.W. 155th Terrace Miami FL 33177-0946	16-TC ======
	Express Mail Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	0860 0001 1755 5371
PS Form 3811, March 2003 Domestic Retu	ırn Receipt 102595-01-M-1424

AUS	
CAF	
CMP	
COM	
CTR	
ECR	
GCL	
OPC	Market Committee
• •	
MMS	
SEC	
OTH	

DOCUMENT NUMBER-DATE