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DOCUMENT NUMBER-DATE



SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece. ☐ Addressee or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: 620 If YES, enter delivery address below: Citizens Payphone Company 46th Avenue Plantation FL 33317-3146 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 7002 0860 0001 1755 6071 (Transfer from service label)

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, Florida 32399-0850

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424