

RECEIVED-FPSC

06 FEB -8 PM 1:42

COMMISSION
CLERK

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: **050678**

Metropolitan Payphones Corporation
707 West Avenue
Deland FL 32720-3518

PSC-06-0037-CO-TC

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **X** Agent Addressee

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

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
(Transfer from service label)

7004 1160 0004 5751 1107

State of Florida PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7004 1160 0004 5751 1107

047J82004132

\$04.640

01/12/2006

Mailed From 32399

US POSTAGE



UNCLAIMED

Metropolitan Payphones Corporation
707 West Avenue
Deland FL 32720-3518

JAN 14 2006
1st NOTICE
2nd NOTICE **1/25**
RETURNED **1/31**

327203518507 6009

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

ORIGINAL

DOCUMENT NUMBER-DATE

01117 FEB-8 8

FPSC-COMMISSION CLERK