

RECEIVED

05 AUG 23 PM 3:23

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: 060465

Payphones U.S.A., Inc.
79 North Hillside Drive
Miami Beach, FL 33139-5117

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 3743

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

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

RETURN TO SENDER IF NOT DELIVERED FORWARD

7004 1160 0004 5751 3743

Payphones U.S.A., Inc.
79 North Hillside Drive
Miami Beach, FL 33139-5117

NOT 7/22/07

0722
0731
0809

U.S. POSTAGE
0720/2008
\$04642
07082004132

ORIGINAL

DOCUMENT NUMBER-DATE

07705 AUG 23 '08

FPSC-COMMISSION CLERK

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH