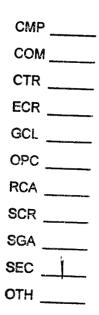
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SENDER: COMPLETE THIS SECT	ION	COMPLETE THIS SECTION ON DELIVE	ERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: <i>OCOY65-TC</i> Ms. Beth Young International Payphone Corporation P. O. Box 43746 		A. Signature X. Muller B. Received by (<i>Printed Name</i>) Melissa McClish D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Louisville, KY 40253-0746		3. Service Type Certified Mail Express Mail Registered Return Receip Insured Mail C.O.D.	t for Merchandise
PSC-06-0702-0	D-TC	4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number (Transfer from service label)		60 0003 8789 5949	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	



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