

DOCUMENT NO.  
10564-96  
10/2/96

Thank you for using Return Receipt Service.

is your **RETURNAL** completed on the reverse side?

**SENDER:**  
 \*Complete items 1 and/or 2 for additional services.  
 \*Complete items 3, 4a, and 4b.  
 \*Print your name and address on the reverse of this form so that we can return this card to you.  
 \*Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 \*Write "Return Receipt Requested" on the mailpiece below the article number.  
 \*The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: 960857  
 General Payphone Enterprises, Inc.  
 7309 Cobla Lane  
 Hudson FL 34667-3270

4a. Article Number 96-254

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X \_\_\_\_\_

7. Date of Delivery \_\_\_\_\_

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

PS Form 3811, December 1994

Domestic Return Receipt

State of Florida  
**Public Service Commission**

Fletcher Building, 101 East Gaines Street  
 Tallahassee, Florida 32399-0850

96-1090-FBI

*MLNA*

General Payphone Enterprises, Inc.  
 7309 Cobla Lane  
 Hudson, Florida 34667-3270



CERTIFIED MAIL  
 Return Receipt Requested  
 No. 96-254

ACK  
 AFA  
 APP  
 CAF  
 CMU  
 CTR  
 EAG  
 LEI  
 LMI  
 OPT  
 RCH  
 REC  
 WAS  
 WTH

