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State of Florida

Public Service Commission

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



On Line Pay Phone Systems
1801 Brantley Road, #209
Ft. Myers FL 33907-3947

APR 26 1987

CERTIFIED MAIL
Return Receipt Requested
No. 96-0285

961032-7C

961032-7C

Handwritten signature or scribble at the top of the envelope.

Is your RETURN ADDRESS 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.

3. Article Addressed to:
On Line Pay Phone Systems
1801 Brantley Road, #209
Ft. Myers FL 33907-3947

4a. Article Number: 96-0285

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

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

7. Date of Delivery

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

Thank you for using Return Receipt Service.

Domestic Return Receipt
PS Form 3811, December 1984

DOCUMENT NUMBER-DATE
12606 NOV 25 84
FPSC-RECORDS/REPORTING