

Thank you for using Return Receipt Service.

I also wish to receive the following services for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number 76323

4b. Service Type

- Registered
- Certified
- Insured
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery 11-26-96

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

3. Article Addressed to: 46099

Jax Pay Phones, Inc.
11565-0106 North Main Street
Jacksonville FL 32218-4002

Signature (Agent)
Cindy S. [Signature]

PS Form 3871, December 1991 eU.S. GPO: 1995-322-716

DOMESTIC RETURN RECEIPT

is your return limited on the reverse side

DOCUMENT NUMBER-DATE

12741 DEC-2 96

FPSC-RECORDS/REPORTING