

ACK AFA APP AAF CMU CTR EAG LEG LIN OPC RCH SEC WAS OTH
State of Florida

Public Service Commission

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Name _____
1st Notice 7-29-97
2nd Notice 7-29-97
return _____

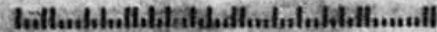


R and B Pay Telephones
6242 2nd Avenue South
St. Petersburg FL 33707-1404

CERTIFIED MAIL
Return Receipt Requested
No. 97-0153

UNCLAIMED

33707-323990850



Printed 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.

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

970682

4a. Article Number

97-0153

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NO.

16-11690