

ORIGINAL

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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee

3. Article Addressed to: **971286**

4a. Article Number **97**

Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

Public Payphone Services, Inc.
10624 Santa Laguna Drive
Boca Raton FL 33428-1207

7. Date of Delivery **11/17**

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTV _____
- EAG _____
- IE _____
- SI _____
- CF _____
- SI _____
- WAS _____
- SI _____

DOCUMENT NUMBER-DATE
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 EPSC RECORDS/REPORTING