

ORIGINAL

3-5

IMPORTANT!

Complete items 1 and/or 2 for additional services
 Complete items 3, 4, and 5:
 Print your name and address on the reverse of this form so that we can return the card to you.
 Attach this form to the front of the package or on the back if space there is not available.
 Some Return Receipts Requested: In this section, indicate the article's content.
 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
 Insured (minimum \$500.00 fee)

3 Article Addressed to: Payphone Connection, Inc.
 390 Wainai Drive
 Merritt Island FL 32953-3233

4 An Article Number: _____

Certified
 Insured
 Merchandise
 COD

5 Address (Only if requested)
SAVE

6. Signature (Addressing to Agent)
 [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC I
- WAS _____
- OTH _____

03829 11A-28