ACK
AFA
APP
CAF
CMU 1
CTR
EAG
LEG 1
LIN
OPC
RCH
SEC 1
WAS
OTH

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.

981135-TC

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Rotunno's Sandollar Phones Inc.
1120 Royal Palm Beach Blvd., Unit 123
Royal Palm Beach FL 33411-1683

98-147

☒ Certified
☐ Insured
☐ COD

rchandise

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X

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

PS Form **3811**, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Rotunno's Sandollar Phones Inc.
1120 Royal Palm Beach Blvd., Unit 123
Royal Palm Beach FL 33411-1683

CERTIFIED MAIL
Return Receipt Requested
No. 98-147

RETURN
SENDER
INSUFFICIENT ADDRESS
NO SUCH NUMBER
UNCLAIMED
ATTEMPTED
NO SUCH STREET
VACANT
NO RECEPTACLE

DOCUMENT NUMBER-DATE
13366 NOV 30 98