

ORIGINAL

1867-PAA

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: 991016 4a. Article Number 99-228

South Florida Pay Telephone, Inc.
 Jose F. Gallardo
 300 S. W. 129th Avenue
 Miami FL 33184-1233

Certified
 Insured
 Merchandise COD

ess (Only if requested)

6. Signature: (Addressee or Agent)
Jose Gallardo

PS Form 3811, December 1994 Domestic Return Receipt

Printed on the reverse side?

In your file

Thank you for using Return Receipt Service.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC 1
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE
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 FPSC-RECORDS/REPORTING