

ORIGINAL

2418

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):

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

Consult postmaster for fee.

3. Article Addressed to:

991315

4a. Article Number

99 401

Coastal Pay Phones, Inc.  
 Albert B. Moore  
 2384 S.W. Fern Circle  
 Port St. Lucie FL 34953-2950

- Certified
- Insured

Merchandise  COD

12/10/94  
Press (Only if requested)

Thank you for using Return Receipt Service.

Is you

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- RRR \_\_\_\_\_
- SEC   1
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

15252 DEC 14 88

FPSC-RECORDS/REPORTING