

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to **000924**

Public Pay Phone, Inc.
Michael Kelfer
1873 S.W. 31st Avenue
Pembroke Park FL 33009-2021

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
X Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Express Mail
Return Receipt for Merchandise
P.O.D.
Postage Fee) Yes

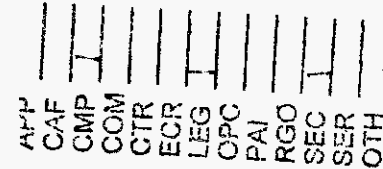
2. Article Number (Copy from service label)

7000 60000 26445 6652

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



DOCUMENT NUMBER-DATE

12491 OCT-28

FPSC-RECORDS/REPORTING

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

000924-TC

CERTIFIED MAIL



7000 0600 0026 4245 6652

Public Pay Phone, Inc.
Michael Kelfer
1873 S.W. 31st Avenue
Pembroke Park FL 33009-2021



PUBL873 330092246 1599 09 09/29/00
 FORWARD TIME EXP RTN TO SEND
 PUBLIC PAYPHONE INC
 10019 N DALE MABRY HWY STE 600
 TAMPA FL 33618-4458

33009+2

