

ORIGINAL
010327-TC

01-1023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> ■ 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. 	<table border="0"> <tr> <td>A. Received by (Please Print Clearly) <i>X</i> Virginia P. Pierce</td> <td>B. Date of Delivery <i>2/30/01</i></td> </tr> <tr> <td>C. Signature <i>X</i> Virginia P. Pierce</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1?</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td> If YES, enter delivery address below:</td> <td><input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) <i>X</i> Virginia P. Pierce	B. Date of Delivery <i>2/30/01</i>	C. Signature <i>X</i> Virginia P. Pierce	<input type="checkbox"/> Agent		<input type="checkbox"/> Addressee	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes	If YES, enter delivery address below:	<input type="checkbox"/> No
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C. Signature <i>X</i> Virginia P. Pierce	<input type="checkbox"/> Agent										
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D. Is delivery address different from item 1?	<input type="checkbox"/> Yes										
If YES, enter delivery address below:	<input type="checkbox"/> No										
<p>1. Article Addressed to:</p> <p>Treasure Coast Payphone, Inc. 6861 S.E. Harbor Court Stuart FL 34996-1970</p>	<p style="text-align: center;"><u>010327-TC</u></p> <p>Express Mail Return Receipt for Merchandise C.O.D. <input type="checkbox"/> xtra Fee) <input type="checkbox"/> Yes</p>										
<p>2. Article Number (Copy from service label)</p> <p><i>7000 0600 0026 1114 3393</i></p>											

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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