

ORIGINAL

010392-TC

1024-FOF

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	V Miller	5-1-9
	C. Signature X <i>V Miller</i>	<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	

Florida Pay Phone Services, Inc.  
 2751 Highland Avenue  
 Grants Pass OR 97526-8423

010392-TC

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0600 0026 4144 3386

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PS Form 3811, July 1999      Domestic Return Receipt      102595-00-M-0952

- APP \_\_\_\_\_
- CAP \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RCO \_\_\_\_\_
- SEC   I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

05659 MAY-48

FPSC-RECORDS/REPORTING