


ORIGINAL

010478-TC

1519-PAA

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 ( <i>Please Print Clearly</i> )	B. Date of Delivery 7-25
1. Article Addressed to:	C. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Ameritel Payphone Distributors, Inc.  
 Roy Goodman  
 1098 Biscayne Blvd., Suite 201  
 North Miami FL 33161-7486

010478-TC

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

2. Article Number (*Copy from service label*)  
 7000 0600 0026 4144 3027

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- OWP \_\_\_\_\_
- CON \_\_\_\_\_
- CRP \_\_\_\_\_
- EXR \_\_\_\_\_
- LES \_\_\_\_\_
- QPC \_\_\_\_\_
- VAL \_\_\_\_\_
- INDO \_\_\_\_\_
- REC   H
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

09171 JUL 27 6

FPSC-COMMISSION CLERK