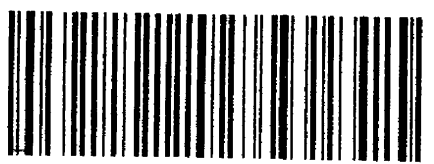


REGISTERED MAIL

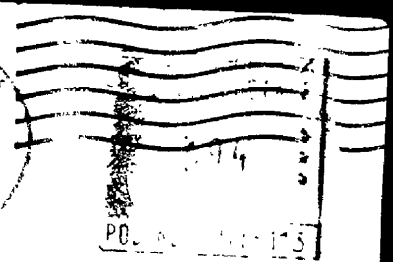
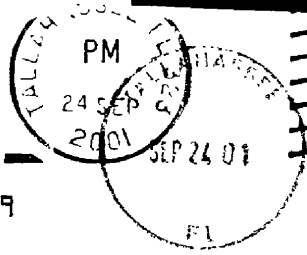
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4344 6769



Select Payphone Providers of America, Inc.
Dawn D. Plaza
310 First Street
Marysville CA 95901

SELECT PAYPHONE PROVIDERS OF AMERICA
RETURN TO SENDER
UNABLE TO FORWARD
NO ADDRESS

95901+

ORIGINAL

Read 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

010636

4a. Article Number

Select Payphone Providers of America, Inc.
Dawn D. Plaza
310 First Street
Marysville CA 95901-6004

- Certified
- Insured
- COD

Address (Only if requested)

is your RE

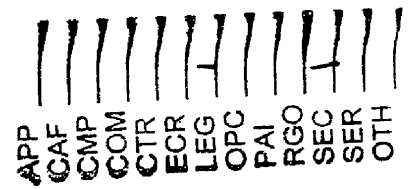
6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



APP
CAF
CMP
COM
CTR
ECR
LEG
OPC
PAI
RGO
SEC
SER
OTH

DOCUMENT NUMBER-DATE

12783 OCT-85

FPSC-COMMISSION CLERK

010636-TC

1890-PAA