

ORIGINAL

020573-7X

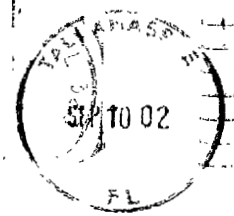
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 429



*Handwritten:*  
LNO  
9/18  
9-23

KingTel, Inc.  
401 S.W. 13th Place, #719  
Deerfield Beach FL 33441-6553



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED  REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD
- ROUTE NO. \_\_\_\_\_ DATE \_\_\_\_\_
- CARR./INITIALS \_\_\_\_\_

**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:

KingTel, Inc.  
401 S.W. 13th Place, #719  
Deerfield Beach FL 33441-6553

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  Addressee

**X**

D. Is delivery address different from item 1?  Yes  No  
If YES enter delivery address below: 020573

Express Mail  
Return Receipt for Merchandise  
C.O.D.

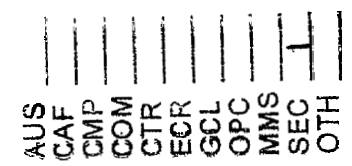
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7000 0600 0026 4144 429

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424



0000000000  
10927 001-98  
FPSC-01