## Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



POSTALIA 510299

Coastal Phone Services, Inc. Mr. Kevin A. Boyle P. O. Box 14642 Clearwater FL 33766-4642



## 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:

020916

Coastal Phone Services, Inc. Mr. Kevin A. Boyle P. O. Box 14642 Clearwater FL 33766-4642

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Χ

☐ Agent ☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

3. Service Type

Certified Mail Express Mail

☐ Registered
☐ Insured Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

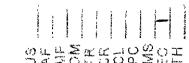
Article Number
 (Transfer from service label)

7002 0860 0001 1755 5715

'PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424



13108 0€6-28

PSC-COSTABSION OLERK