

ORIGINAL

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: **020768**

Pay Phone Systems
6421 Bayou Grande Blvd., N.E.
St. Petersburg FL 33702-4721

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **J. BILKAS** B. Date of Delivery **11/2/02**

C. Signature **J. Bilkas** Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7002 0860 0001 1755 6002

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

DOCUMENT NUMBER-DATE

13182 DEC-3 02

FPSC-COMMISSION CLERK