

ORIGINAL

RECEIVED--FPSC

03 OCT 13 AM 9:53

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <u>030687</u> Smart Pay Phones of Florida 10354 Smooth Water Drive Hudson FL 34667-8804	C. Signature x <u>CP Wallace</u>	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No Express Mail Return Receipt for Merchandise C.O.D. (Extra Fee) <input type="checkbox"/> Yes	
	<u>7002 0860 0001 1755 6866</u>	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC 1 _____
 OTH _____

DOCUMENT NUMBER-DATE

09960 OCT13 8

FPSC-COMMISSIONER