


ORIGINAL

RECEIVED-FPSC

04 SEP 24 AM 9:36

COMMISSION CLERK

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |                                |
|---|--|--------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly)<br>Brenda Major Inc  | B. Date of Delivery<br>9/21/04 |
| 1. Article Addressed to: 040404<br><br>Payphone Partners, Inc.<br>P. O. Box 617<br>Tangerine FL 32777-0617  | C. Signature<br>   |                                |
| 2. Article Number<br>(Transfer from service label)  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |                                |
|   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                |
|   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |                                |
|   | 7002 0860 0001 1758 8072   |                                |
| PS Form 3811, March 2001  | Domestic Return Receipt  | 102595-01-M-1424               |

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

Consummating Order PSC-04-0909-CO-TC

DOCUMENT NUMBER-DATE

10356 SEP 24 08

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