

State of Florida

## Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



## 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:

Public Telephone Corporation 13899 Biscayne Blvd., Suite 400 North Miami Beach FL 33181-1652

- COMPLETE THIS SECTION ON DELIVERY
- A. Received by (Please Print Clearly) B. Date of Delivery

- ☐ Agent
- ☐ Addressee
- D. Is delivery address different from item 1?
- ☐ Yes
  - If YES, enter délivery address below:

3.	Service	Type	9

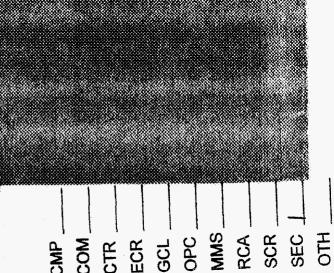
- Certified Mail ☐ Express Mail
- ☐ Registered
- ☐ Return Receipt for Merchandise ☐ C.O.D.
- ☐ Insured Mail
- 4. Restricted Delivery? (Extra Fee)
- ☐ Yes

2. Article Number (Transfer from service label) 7002 0860 0001 1758 5644

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424



Mailed From 32399
US POSTAGE