

ORIGINAL

RELEASED BY 1993

FEB 21 AM 10:40

COMMISSION CLERK

**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: **050666**  
 Emerald Coast Payphones, Inc.  
 4154 Madura Five  
 Gulf Breeze FL 32561-3536

**PSC-06-0037-CO-TC**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature **X**  Agent  
 Addressee

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

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) **7004 1160 0004 5751 0995**

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

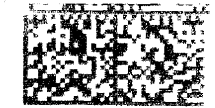
102595-01-M-1424

**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



7004 1160 / 0004 5751 0995



**\$04.64**  
 01/12/2006  
 Mailed From 32399  
 US POSTAGE

Emerald Coast Payphones, Inc.  
 4154 Madura Five  
 Gulf Breeze FL 32561-3536

**ATTEMPTED,  
 NOT KNOWN**

CMP  
 COM  
 CTR  
 ECR  
 GCL  
 OPC  
 RCA  
 SCR  
 SGA  
 SEC  
 OTH

DOCUMENT NUMBER DATE

01494 FEB 21 90

FPSC-COMMISSION CLERK