

RECEIVED-FPSC

03 MAR -3 PM 3:47

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:

050660

ATS Payphones, Inc.
P. O. Box 7075
Lakeland FL 33807-7075

PSC-06-0037-00-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 1039

PS Form 3811, March 2001

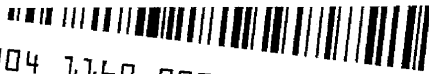
Domestic Return Receipt

102595-01-M-1424

047J82004132

State of Florida
Public Service Commi

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 1039

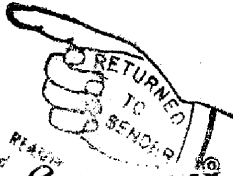


Article Postage

\$04.640

01/12/2006

Mailed From 32399
US POSTAGE



Unclaimed
Address
Insured
No such office
Do not remain in this envelope

ATC
RECEIVED
ATS Payphones, Inc.
P. O. Box 7075
Lakeland FL 33807-7075

7075
1-21

7075
1st Notice 1-21
2nd Notice 2-18
Return 2-23

33807-7075-75 8818

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

ORIGINAL

DOCUMENT NUMBER - DATE
01900 MAR-3'8
FPSC-COMMISSION CLERK