

RECEIVED-FPSC

07 JUL 25 AM 10:19

ORIGINAL

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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: **070383-TC**

Southeast Payphones, Inc.
514 Pleasant Grove Drive
Winter Springs FL 32708-6153

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Karen Williams Agent
 Addressee

B. Received by (Printed Name)
KAREN WILLIAMS

C. Date of Delivery

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) **7005 3110 0002 8806 7048**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PSC-07-0589-PAA-TC

DOCUMENT NUMBER-DATE

06327 JUL 25 5

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