

RECEIVED-FPSC

08 AUG 25 PM 1:04

COMMISSION  
CLERK

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| <b>COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION</b>   |  |
| <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> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Ashley Bump</i></p> <p>C. Date of Delivery <i>8-21-08</i></p>  |  |
| <p>1. Article Addressed to: <i>080323</i></p> <p>Richard M. Slezak Pay Telephones<br/>         12100 Gulf Blvd.<br/>         Treasure Island FL 33706-5126</p> <p><i>PSC-06-0937-FOF-TC</i></p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>2. Article Number<br/>         (transfer from service label)</p>  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>7006 2760 0003 8797 6785</p>  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| PS Form 3825, February 2004  |  | 16269-02-01-0000   |  |

DOCUMENT NUMBER-DATE

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