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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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:	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery R. Agent Addressee If YES, enter delivery address below: No
Pay Telephone of Florida, Inc. 540 North Spoonbill Drive Sarasota FL 34236-1818	3. Service Type Certified Mail Registered Insured Mail C.O.D.
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2. At (T)	102595-02-M-1540

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