

RECEIVED--PPSC

10 JUN 28 PM 2:01

COMMISSION  
CLERK

100299-TC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Handwritten Name]</i> C. Date of Delivery <i>[Handwritten Date]</i></p>
<p>1. Article Addressed to:</p> <p><b>Sterling Payphones, LLC</b>  <b>Mr. James Rapaccioli</b>  <b>1629 Williamsbridge Road</b>  <b>Bronx NY 10461-6201</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p><i>100299-TC PSC-10-0394-PAR-TC</i></p> <p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><b>7006 2760 0003 8796 8759</b></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 PPSC-10-0394-PAR-TC