

RECEIVED-FPSC

11 SEP -6 AM 8:34

COMMISSION CLERK

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>

Payphone Manager, Inc.
 James Rapaccioli, President
 8815 Conroy Windemere Road, Suite 175
 Orlando, Florida 32835-3129

Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

MO
 PSC-11-0367-PAA-TC 110248-TC

2. Article Number (Transfer from service label) 7009 3410 0002 4112 7201

DOCUMENT NUMBER-DATE
 06374 SEP-6 =
 FPSC-COMMISSION CLERK