

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CIR \_\_\_\_\_  
 ENR \_\_\_\_\_  
 LER \_\_\_\_\_  
 MFL \_\_\_\_\_  
 PL \_\_\_\_\_  
 RLT \_\_\_\_\_  
 SE   1   \_\_\_\_\_  
 WAN \_\_\_\_\_  
 CTR \_\_\_\_\_

**SENDER:**

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: 97005 Article Number 97-

Northwest Florida Payphones, Inc.  
 6776 Le Grande Court  
 Milton FL 32570-9569

Type  Certified  
 Mail  Insured  
 exp for Merchandise  COD  
 every 19/07

4. Addressee's Address (Only if requested paid)

Thank you for using Return Receipt Service.

6. Signature (Addressed to Agent)  
 [Signature]

In your BE PS Form 3811, December 1994 Domestic Return Receipt

DOCUMENT NO.  
61939-97  
02/20/97