

1785

SENDER: 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>1. Article Addressed to: <u>DOT 129 TC</u></p> <p>CTX Payphone Company Abdur Roshid Khan 1757 South Curlew Lane Homestead FL 33035-1058</p>	<p>A. Received by (Please Print Clearly) <u>MUHAMMAD NIRA</u></p> <p>B. Date of Delivery</p> <p>C. Signature <u>Muhammad Nira</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7000 0600 0000 445 6307</u></p>		

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC _____
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE
12659 OCT-58
 FPSC-RECORDS/REPORTING