

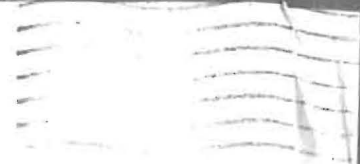
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 6508



FWD
6436 N.W. 53 St.
Lauderhill, FL 33319

UNCLAIMED
Payphone Consultants, Inc.
John J. Murray, III
10501 N.W. 50th Street, Suite 107
Sunrise FL 33351-8012

2/10-11
EW 634/5
NAME _____
1st Notice _____
2nd Notice *10/19*
Return *10/20*

6420 FORENCH ANGEL TOWER
MARGA ... FL 13063

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <i>000911</i>	C. Signature <i>X</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Payphone Consultants, Inc. John J. Murray, III 10501 N.W. 50th Street, Suite 107 Sunrise FL 33351-8012	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Tracking Number (Copy from service label) <i>7000 0600 0026 4145 6508</i>	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

1707

DOCUMENT NUMBER - DATE
14116 OCT 31 8
FPSC-RECORDS/REPORTING

APP
CAF
CMP
COM
CTR
ECR
LEG
OPC
PAL
RGO
SEC
SER
OTH