

ORIGINAL
FILE COPY

910360-TC

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SEC 1
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<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p>	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)	
2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: Suntel Payphone Systems Attn: Bobby Haire 2387 NW 123rd Ave Coral Springs, FL 33065	4. Article Number 78861
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Bobby Haire</i>	
7. Date of Delivery 5-16-91	
PS Form 3811, Apr. 1989	
* U.S.G.P.O. 1989-238-013	
DOMESTIC RETURN RECEIPT	

DOCUMENT NUMBER-DATE
04998 MAY 20 1991
REC-RECORDS/REPORTING