

000892-TC

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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

Signature

- Agent
- Addressee

1. Article Addressed to: 000892

Does delivery address differ from item 1? Yes
If YES, enter delivery address below: No

West Florida Payphone LTD.
Robert C. Kintz
P. O. Box 18261
Pensacola FL 32523-8261



- ii Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000060006264145657

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

FOLD AT DOTTED LINE

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 6157

phone LTD.

- MOVED, LEFT NO ADDRESS
- ATTEMPTED - NOT KNOWN
- UNCLAIMED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD



NAME AVE
9-28-00

DOCUMENT NUMBER - DATE
13287 OCT 18 88
FPSC-RECORDS-REPORTING