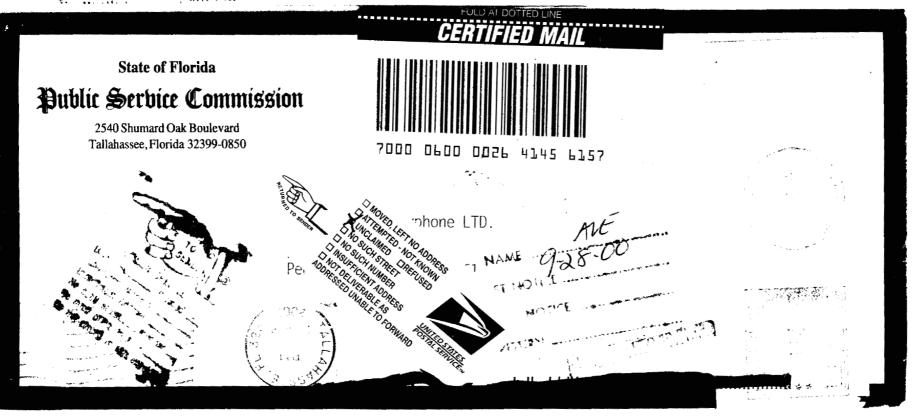
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delive	ry
so that we can return the part to you. Attach this card to the back of the mailpiece, or on the front if space permits.	Agent Address	ee
1. Article Addressed to: 000 SCT	DMs delivery address different from item 1? Ses If YES, enter delivery address below: No	
West Florida Payphone LTD. Robert C. Kintz P. O. Box 18261		_
Pensacola FL 32523-8261	il ☐ Express Mail ☐ Return Receipt for Merchandis ☐ C.O.D.	se
	4. Hestricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 7000606264/4565	7	
0011	Return Receipt 102595-99-M-178	9
the state of the s	* # P *	



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