

008974-7c

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 000974

United Payphones Services Inc.
Ramon Diaz, Jr.
P. O. Box 2172
Princeton FL 33032

2. Article Number (Copy from service label)
7000 0600 0026 4145 5723

PS Form 3811, July 1999

Domestic Return Receipt

102595-999-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agemt Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

CERTIFIED MAIL

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5723

United Payphones Services Inc.
Ramon Diaz, Jr.
P. O. Box 2172
Princeton FL 33032

ORIGINAL
UNCLAIMED



1786

32399/0850
32032X1972

Name _____
1st Notice 10-2
2nd Notice 10-7
Return 10-17



DOCUMENT NUMBER - DATE

13589 OCT 24 89

FPSC-RECORDS/REPORTING