11 SEP -9 PM 1:41

CLERK

| 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. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes |
| Equity Pay Telephone Co., Inc. Robert F. Furlong, President | If YES, enter delivery address below: ☐ No |
| Brunswick, Georgia 31520-2935 | 3. Service Type Certified Mail |
| PSC-11-0367-PAA-TC 110245-TC | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number 7 🗆 9 | 3410 0002 4112 7195 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

06498 SEP-9=