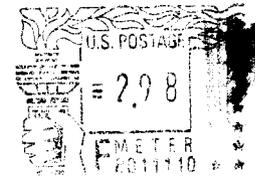


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



ORIGINAL

Public Phone
 Ethan Rosen
 3 Canale Drive
 Egg Harbor Township NJ 08232

FOE3

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-444

Is your RETURN ADDRESS completed on reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 991452
 Public Phone
 Ethan Rosen
 3 Canale Drive
 Egg Harbor Township NJ 08232

4a. Article Number: 99-444
 4b. Service Type:
 Certified
 Insured
 COD

6. Signature: (Addressee or Agent)
 X

Thank you for using Return Receipt Service.

2481-PAA

AFA APP CAF CMU CTR EAG
 FIM GSA IBC LHM NOD OTH

DOCUMENT NUMBER - DATE
 00050 JAN-38
 FPSC-RECORDS/REPORTING