

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 1 Print your name and address on the reverse so that we can return the card to you.  
 2 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 7131 + 811  
\* 01-99 /  
 Joel Geer  
 ETS Payphones  
 1490 Westsork Drive  
 Lithia Springs, GA 30122

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery 8-8

C. Signature x Penny Biss  
 Agent  
 Addressee

D. Is delivery address different from form 1?  Yes  
 if YES, enter delivery address below  No



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 0023 8168 13710

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

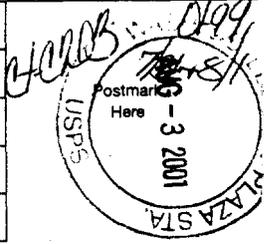
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

[Blank field for recipient name]

9217 9978 8168 2001 0090 0007

Postage	\$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 3.94</b>



Name (Please Print Clearly) (to be completed by mailer)

Joel Geer  
 Street, Apt. No., or PO Box No. 1490 Westsork Drive  
 City, State, ZIP+4 Lithia Springs, GA 30122

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