

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:

12501

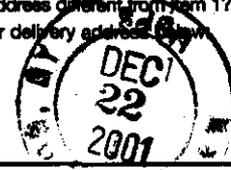
* 01-99/
 Michael Bezeal
 American Payphone, Inc
 59 South Terrace Avenue
 Mount Vernon, NY 10550

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 12/22/01

C. Signature [Signature] Agent Addressee

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



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)

0028 8168 1185

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

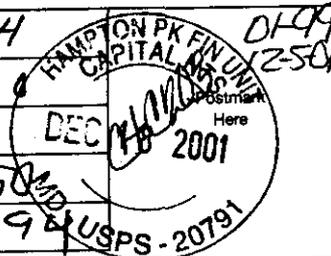
**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To _____

7000 0600 8168 1185

Postage	\$ 3.4
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	\$ 3.90



Name (Please Print Clearly) (to be completed by mailer)
Michael Bezeal
 Street, Apt. No. or PO Box No.
59 South Terrace Avenue
 City, State, ZIP+4
Mount Vernon, NY 10550