P 366 605 291 230

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

98-44
4/2/98

Sent to Joseph Frank Ptak	
Street & Number 505 Patricia Drive	
Post Office, State, & ZIP Code San Marcos, TX 78666	
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	2.00
Postmark or Date	APR 08 1998 WASHINGTON, DC 20036 USPS

PS Form 3800, April 1995

DOCKET NO. 98-44

FCC MAIL SECTION APR 8 10 33 AM '98

ORDER DATED 04-06-98
FCC 98-60
MIMEOGRAPH NO.

CERTIFIED MAIL P 366 605 291

RETURN RECEIPT REQUESTED

NAME: Joseph Frank Ptak
505 Patricia Drive
San Marcos, TX 78666

C. R. R. NO.

BY

FCC Form 55 May 1990

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:
98-44
4/2/98
Joseph Frank Ptak
505 Patricia Drive
San Marcos, TX 78666

4a. Article Number
P-366-605-291

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4/10/98

5. Received By: (Print Name)
Joseph Ptak

6. Signature (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 Domestic Return Receipt