

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:

6-1-01

* 00-156
 Jennifer Hill
 2105 High Wood Street
 Mesquite, TX 75181

2. Article Number (Copy from service label)

0023 0769 7474

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

HEATH HILL 6-8-01

C. Signature

X [Signature] Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

DOCKET NO. 00-156

ORDER DATED
6-1-01
FCC FORM 1-15
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Jennifer Hill
 2105 High Wood Street
 Mesquite, TX 75181

C. R. R. NO. _____

RECEIVED BY _____

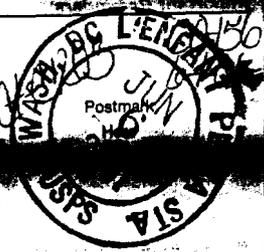
FCC Form 55 May 1990

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ -34
Certified Fee	1.40
Return Receipt Fee	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	\$ 3.74

Name (Please Print Clearly) (to be completed by mailer)
 Jennifer Hill
 Street, Apt. No., or PO Box No.
 2105 High Wood Street
 City, State, ZIP+4
 Mesquite, TX 75181



7000 0600 0103 0769 7474