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: 8-7-01

* 01-99
Michael J. Thompson
Wright & Talisman
1200 G Street, N.W.
Suite 600
Washington, DC 20005

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* SAMUEL YAO
B. Date of Delivery AUG 15 2001

C. Signature
X
☐ Agent
☐ Addressee

D. Is delivery address different from item 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 8169 0477

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. 01-99

ORDER DATED 8-7-01
FCC 01N-37,38
MIMEOGRAPH NO.

FCC MAIL ROOM
2001 AUG 13 P 3:42

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Michael J. Thompson
1200 G Street, N.W.
Suite 600
Washington, DC 20005

C. R. R. NO.

BY

FCC Form 55 May 1990

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

7000 0600 0023 8169 0477

Article Sent To:

Postage	$ 34
Certified Fee	210
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

Postmark Here
01-99
8/7/01

Name *(Please Print Clearly) (to be completed by mailer)* Michael J. Thompson
Street, Apt. No.; or PO Box No. 1200 G Street, N.W., Suite 600
City, State, ZIP+4 Washington, DC 20005

PS Form 3800, July 1999 See Reverse for Instructions