

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: 8/13+14
* 01-99/
 Joel Geer
 ETS Payphones
 1490 Westsork Drive
 Lithia Springs, GA 30122

2. Article Number (Copy from service label)

0023 8169 0286

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 8-20
 C. Signature Penney Bright Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____
AUG 20 2001

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. 01-99

FCC MAIL ROOM

CERTIFIED

MAIL

^{2001 AUG 17} RETURN RECEIPT REQUESTED

NAME: Joel Geer

C. R. R. NO. _____

1490 Westsork Drive

Lithia Springs, GA 30122

FCC Form 55 May 1990

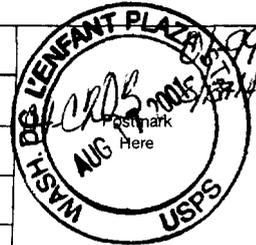
ORDER DATED <u>8/13+14/01</u>
FCC MAIL ROOM <u>3940</u>
MIMEOGRAPH NO.

7000 0600 0220 8169 0286

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

Article Sent To: _____

Postage	\$.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94



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

PS Form 3809 July 1999

See Reverse for Instructions