

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- 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: 8301

*01-99
 Joel Geer
 ETS Payphones
 1490 Westsork Drive
 Lithia Springs, GA 30122

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8-16

C. Signature Penny Biser 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

2. Article Number (Copy from service label)

0023 8168 1253

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-99

ORDER DATED
8-3-01
011-3136
FCC 2334 12536
 MIMEOGRAPH NO.

MAIL ROOM

AUG 13 P 3:43

0001 AUG 13 P 3:43

CERTIFIED MAIL RECEIPT REQUESTED

NAME Joel Geer
1490 Westsork Drive
Lithia Springs, GA 30122

C. R. R. NO. _____

FCC Form 55 May 1990

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

Article Sent To: _____

7000 0600 0200 8168 1253

Postage	\$ <u>57</u>
Certified Fee	<u>210</u>
Return Receipt Fee (Endorsement Required)	<u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.17</u>

0199
8/3/01
 Postmark Here

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 3800, July 1999

See Reverse for Instructions