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: 8-3-01

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 8-16

C. Signature
X Penny Bright ☐ 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 8168 1253

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

DOCKET NO. 01-99

ORDER DATED
8-3-01
OMI-31, 32,
FCC 33 34 35 36
MIMEOGRAPH NO.

CERTIFIED MAIL RECEIPT REQUESTED

RETURN

NAME Joel Geer
1490 Westsork Drive
Lithia Springs, GA 30122

C. R. R. NO.

BY

FCC Form 55 May 1990

FCC MAIL ROOM 2001 AUG 13 P 3:43

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

7000 0600 0023 8168 1253

Article Sent To:

Postage	$ .57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here 01-99 8/3/01

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