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: 8-23-01

* 01-99

Rikke Davis
Sprint Corporation
401 9th Street, N.W.
Suite 401
Washington, DC 20004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): C. Jackson
B. Date of Delivery: 8/29/01

C. Signature: x C. Jackson
☐ Agent
☐ Addressee

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

AUG 29 2001

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 0224

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

DOCKET NO. 01-99

ORDER DATED
8-23-01
FCC 01-41, 42, 43
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Rikke Davis
401 9th Street, N.W., Suite 401
Washington, DC 20004

C. R. R. NO.

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

USPS 01-99 8/23/01 WASH. DC LEGAL PLAZA STA. Postmark Here

7000 0600 0023 8169 0224

Name (Please Print Clearly) (to be completed by mailer)
Rikke Davis
Street, Apt. No.; or PO Box No.
401 9th Street, N.W., Suite 401
City, State, ZIP+4
Washington, DC 20004

PS Form 3800, July 1999 See Reverse for Instructions