

**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/  
 John M. Goodman  
 Verizon  
 1300 I Street, N.W.  
 Washington, DC 20005

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Scarboro AUG 30 2001

C. Signature [Signature]  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 8169 0156

DOCKET NO. 0199

ORDER DATED  
8-23-01  
 FCC # 014243  
 MIMEOGRAPH NO.

**CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED**

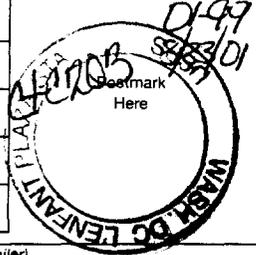
NAME: John M. Goodman C. R. R. NO. \_\_\_\_\_  
1300 I Street, N.W.  
Washington, DC 20005

9570 6169 0156  
 7000

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

Article Sent To: \_\_\_\_\_

Postage	\$ <u>34</u>
Certified Fee	<u>210</u>
Return Receipt Fee (Endorsement Required)	<u>150</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>3.94</u></b>



Name (Please Print Clearly) (to be completed by mailer)  
John M. Goodman  
 Street, Apt. No., or PO Box No.  
1300 I Street, N.W.  
 City, State, ZIP+4  
Washington, DC 20005