

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 8/31
1. Article Addressed to: <u>8/28/01</u> * 01-99 / Joel Geer ETS Payphones 1490 Westsork Drive Lithia Springs, GA 30122	C. Signature X <u>Penny Biggs</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) <u>ODR3 8169 0187</u>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952		

DOCKET NO. 01-99

**CERTIFIED
MAIL**

ORDER DATED <u>8-23-01</u>
FCC <u>01K-114243</u>
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Joel Geer C. R. R. NO. _____
1490 Westsork Drive
Lithia Springs, GA 30122
 BY _____

FCC Form 55 May 1990

7000 0600 0023 8169 0187

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$ <u>34</u>
Certified Fee	<u>2.10</u>
Return Receipt Fee (Endorsement Required)	<u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>3.94</u>
Name (Please Print Clearly) (to be completed by mailer) <u>Joel Geer</u> Street, Apt. No. or PO Box No. <u>1490 Westsork Drive</u> City, State, ZIP+4 <u>Lithia Springs, GA 30122</u>	

