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: 9-5-01

* 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) B. Date of Delivery

C. Signature
X ☐ 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 9990

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

DOCKET NO. 01-99

FCC MAIL ROOM 2001 SEP 10 P 3:

RECEIVED

CERTIFIED MAIL RETURN RECEIPT REQUESTED

ORDER DATED 9-5-01
FCC OIN-HB
MIMEOGRAPH NO.

NAME: John M. Goodman C. R. R. NO.
1300 I Street, N.W.
Washington, DC 20005
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	210
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

WASH DC LAFAYETTE PLAZA 01-99 9/5/01 SEP 10 2001 USPS

Postmark Here

7000 0600 0023 8168 9990

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

See Reverse for Instructions