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: 9-10-01

* 01-99
Charles Naftalin
Holland & Knight
2099 Pennsylvania Avenue, N.W.
Suite 100
Washington, DC 20037

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9-21-01

C. Signature
X William Oned ☐ 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 9884

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

DOCKET NO. 01-99

FCC MAIL ROOM 2001 SEP 24 P 3:01 RECEIVED

ORDER DATED 9-10-01
FCC 01M-48
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Charles Naftalin
2099 Pennsylvania Avenue, N.W.
Washington, DC 20037

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	210
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

01-99
9-10-01
Postmark Here
WASH. DC L'ENFANT PLAZA STA. USPS

7000 0600 0023 8168 9884

Name *(Please Print Clearly) (to be completed by mailer)*
Charles Naftalin
Street, Apt. No., or PO Box No.
2099 Pennsylvania Avenue, N.W.
City, State, ZIP+4
Washington, DC 20037

PS Form 3800, July 1999 See Reverse for Instructions