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: 10-2-01

* 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.V. Murphy | B. Date of Delivery

C. Signature
X C.V. Murphy ☐ 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 9419

WASHINGTON DC OCT 9 2001

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

DOCKET NO. 01-99

FCC MAIL ROOM 2001 OCT -5 P 2:50 RECEIVED

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

ORDER DATED 10-2-01
FCC 01-253
MIMEOGRAPH NO.

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

Postmark Here
SAN DIEGO CA PLAZA STA 10/2/01 92199

7000 0600 0023 8168 9419

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

PS Form 3800, July 1999 See Reverse for Instructions