

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: 9-26-01

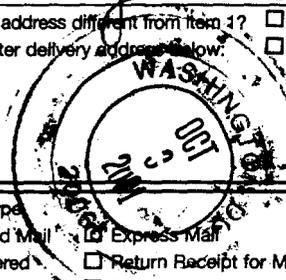
*01-99 /
 Rikke Davis
 Sprint Corporation
 401 9th Street, N.W.
 Suite 401
 Washington, DC 20004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) S. Kirby B. Date of Delivery 10/3/01

C. Signature X S. Kirby Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: Yes 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 9570

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-99
 FCC MAIL ROOM

CERTIFIED

2001 OCT -2 **MAIL**

RETURN RECEIPT REQUESTED

NAME: Rikke Davis
401 9th Street, N.W.
Suite 401
Washington, DC 20004
 BY _____

ORDER DATED <u>9-26-01</u>
FCC <u>0111-51</u>
MIMEOGRAPH NO.

C. R. R. NO. _____

FCC Form 55 May 1990

7000 0600 0000 0200 8168 9570

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

Article Sent To: _____

Postage	\$ <u>3.4</u>
Certified Fee	<u>2.10</u>
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	<u>1.50</u>
Total Postage & Fees	\$ <u>3.94</u>

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

Postmark here: WASHINGTON DC 20001 OCT 2 2001

PS Form 3800 July 1999 See Reverse for Instructions