

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: 1007ED1
 * 01-99 /
 Michael J. Thompson
 Wright & Talisman
 1200 G Street, N.W.
 Suite 600
 Washington, DC 20005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) S. VAECOP B. Date of Delivery _____

C. Signature [Signature] Agent Addressee

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



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 9402

DOCKET NO. 01-99

MAIL ROOM

2:56 P
2001 OCT -5 130 1001

CERTIFIED MAIL

ORDER DATED
10-02-01
 FCC 0111-5253
 MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

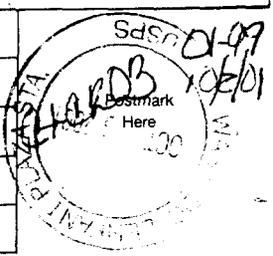
NAME: Michael J. Thompson P. R. NO. _____
1200 G Street, N.W.
Suite 600
Washington DC 20005

7000 0600 0023 8168 9402

**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)
Michael J. Thompson
 Street, Apt. No., or PO Box No.
1200 G Street, N.W.
 City, State, ZIP+4
Washington DC 20005