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: 10-4-01

* 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) | B. Date of Delivery

C. Signature: X Christine Jackson ☐ 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)
7000 0600 0023 8168 9389

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

OCT 12 2001

DOCKET NO. 01-99

ORDER DATED 10-4-01
FCC 01-254
MIMEOGRAPH NO.

RECEIVED CERTIFIED
OCT 11 2001 MAIL
RETURN MAIL RECEIPT REQUESTED

C. R. R. NO.

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

FCC Form 55 May 1990

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

7000 0600 0023 8168 9389

Article Sent To:

Postage	$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

Postmark Here: 01-99 10-4-01 USPS WASH DC LENFANT PLAZA

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

PS Form 3800, July, 1999 See Reverse for Instructions