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: 10-9-01

* 00-156

John McVeigh
12101 Blue Paper Trail
Columbia, MD 21044-2787

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 10-23-01

C. Signature
X [signature]
☒ 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 6494

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

DOCKET NO. 00-156

ORDER DATED
10-9-01
FCC DIN-55
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: John McVeigh
12101 Blue Paper Trail
Columbia, MD 21044-2787

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

00156
10-9-01

Postmark Here

HAMPTON PHIN UNIT
CAPITAL HTS
OCT 22 2001
MD-USPS-20791

Name (Please Print Clearly) (to be completed by mailer)
John McVeigh
Street, Apt. No.; or PO Box No.
12101 Blue Paper Trail
City, State, ZIP+4
Columbia, MD 21044-2787

PS Form 3800, June 1999 See Reverse for Instructions

7000 0600 0023 8168 6494