

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:

* 01-99 /
 Linda Nash
 Mosinee Telephone Company
 410 Fourth Street
 Mosinee, WI 54455

2. Article Number (Copy from service label)
 0023 8168 6227

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **LYNN WILL** B. Date of Delivery **11-5-01**

C. Signature *x Lynn Will* Agent Addressee

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

RECEIVED
DEC 10 2001
FCC MAIL ROOM

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail Other

4. Restricted Delivery? (Extra Fee) Yes

DOCKET NO. 01-99

CERTIFIED MAIL

ORDER DATED
10-25-01
 FCC 0111-57
 MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Linda Nash
410 Fourth Street
Mosinee, WI 54455

C. R. R. NO. _____

BY _____

FCC Form 55 May 1990

7000 0600 0023 8168 6227

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

Article Sent To: _____

Postage	\$ 1.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	\$ 3.94

Postmark: **HAMBURG PA FIN LINDA CAPITAL HGTS**
OCT 31 2001
MD USPS-20791

Name (Please Print Clearly) (to be completed by addressee)
Linda Nash
 Street, Apt. No., or PO Box No.
410 Fourth Street
 City, State, ZIP+4
Mosinee, WI 54455

Post Form 3811 July 1999 See Reverse for Instructions