

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>11-5</u></p> <p>C. Signature <u>x Penny Bigot</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> |
| <p>1. Article Addressed to: <u>10-2501</u></p> <p><u>*01-99/</u> Joel Geer ETS Payphones 1490 Westsork Drive Lithia Springs, GA 30122</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Copy from service label) <u>0023 8168 10234</u></p> <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p> | |

DOCKET NO. 01-99

**CERTIFIED
MAIL**

| |
|--------------------------------|
| ORDER DATED <u>10-25-01</u> |
| FCC OIL <u>3158</u> |
| MIMEOGRAPH NO. |

RETURN RECEIPT REQUESTED

NAME: Joel Geer
1490 Westsork Drive
Lithia Springs, GA 30122

C. R. R. NO. _____

FCC Form 55 May 1990

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided) | | | | | | | | | | | |
|---|--|---------|--------------|---------------|-------------|---|--|--|-------------|---------------------------------|-----------------------|
| 7000 0090 0090 0090 0200 9918 6229 | <p>Article Sent To _____</p> <table border="1"> <tr> <td>Postage</td> <td>\$ <u>34</u></td> </tr> <tr> <td>Certified Fee</td> <td><u>2.10</u></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td><u>1.50</u></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$ <u>3.94</u></td> </tr> </table> <p>Postmark Here: <u>OCT 23 2001</u> <u>MD-USPS-20191</u></p> <p>Name (Please Print Clearly) (to be completed by mailer) <u>Joel Geer</u> Street, Apt. No., or PO Box No. <u>1490 Westsork Drive</u> City, State, ZIP+4 <u>Lithia Springs, GA 30122</u></p> | Postage | \$ <u>34</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> |
| Postage | \$ <u>34</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> | | | | | | | | | | |