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
Carolyn S. Lutz
2508 Valley Forge
Richardson, TX 75080

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 11/3

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 6562

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

DOCKET NO. 00-156

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

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Carolyn S. Lutz
2508 Valley Forge
Richardson, TX 75080

C. R. R. NO.

BY

FCC Form 55 May 1990