

**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:

12-401

\* 01-99/  
John M. Goodman  
Verizon  
1300 I Street, N.W.  
Washington, DC 20005

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) J. Goodman B. Date of Delivery

C. Signature J. Goodman  Agent  Addressee

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

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 5534

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

DOCKET NO. 01-99

ORDER DATED <u>12-14-01</u>
FCC <u>0111485</u>
MIMEOGRAPH NO.

**CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED**

NAME: John M. Goodman C. R. R. NO. \_\_\_\_\_

1300 I Street, N.W.

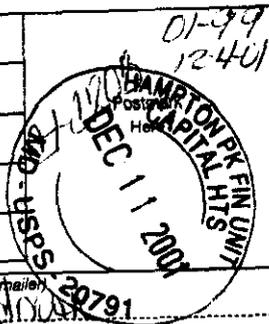
Washington, DC 20005 BY \_\_\_\_\_

FCC Form 55 May 1990

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

Article Addressed to

Postage	\$ <u>34</u>
Certified Fee	<u>2.10</u>
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	<u>1.50</u>
<b>Total Postage &amp; Fees</b>	<b>\$ <u>3.94</u></b>



Name (Please Print Clearly) (to be completed by mailer) John M. Goodman  
Street, Apt. No., or PO Box No. 1300 I Street, N.W.  
City, State, ZIP+4 Washington, DC 20005

4555 9918 8200 0090 0001