

**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: 12-300

\* 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 Scarborough B. Date of Delivery \_\_\_\_\_  
 C. Signature [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)

0029 01108 10029

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 007

**CERTIFIED  
MAIL**

**RETURN RECEIPT REQUESTED**

ORDER DATED
FCC
MIMEOGRAPH NO.

NAME: [Faint Name] C. R. R. NO. \_\_\_\_\_

BY \_\_\_\_\_