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: 10-30-01

* 01-99/
Andrew J. Phillips
Yakes, Bauer Kindt & Phillips
141 N. Sawyer Street
Oshkosh, WI 54902-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Sandra T. McHugh
B. Date of Delivery: 11-13-01
C. Signature: Sandra T. McHugh ☐ 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 6074

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

DOCKET NO. 01-99

ORDER DATED 10-30-01
FCC 01M-59
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Andrew J. Phillips
141 N. Sawyer Street
Oshkosh, WI 54902

F. R. R. NO.

BY

FCC Form 55 May 1990

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

Article Sent To:

Postage	$ 34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

Postmark Here: 01-99 10-30-01

Name (Please Print Clearly) (to be completed by mailer): Andrew J. Phillips
Street, Apt. No.; or PO Box No.: 141 N. Sawyer Street
City, State, ZIP+4: Oshkosh, WI 54902

PS Form 3800, July 1999 See Reverse for Instructions

7000 0600 0023 8168 6074