

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	<input type="checkbox"/> Agent
	X <i>Norma Sumpter</i>	<input type="checkbox"/> Addressee
1. Article Addressed to: <u>11-14-01</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	If YES, enter delivery address below: <input type="checkbox"/> No
* 00-156 Norma Sumpter 4406 Harbinger Drive Mesquite, TX 75150	3. Service Type	<input type="checkbox"/> Express Mail
	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Registered Mail	<input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>0023 21108 5886</u>		
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

DOCKET NO. 00-156

ORDER DATED <u>11-14-01</u>
FCC <u>011401</u>
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Norma Sumpter
4406 Harbinger Drive
Mesquite, TX 75150

C. R. R. NO. _____

BY _____

FCC Form 55 May 1990

7000 0600 0090 0000 0223 8168 5886

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: _____	
Postage	\$ <u>3.4</u>
Certified Fee	<u>2.10</u>
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee	
Total Postage & Fees	\$ <u>3.94</u>
Name (Please Print Clearly) to be completed by mailer: <u>Norma Sumpter</u> Street, Apt. No., or PO Box No.: <u>4406 Harbinger Drive</u> City, State, ZIP+4: <u>Mesquite, TX 75150</u>	

7000 PK FIN UNIT
 CAPITAL UNIT
 Here
 NOV 27 2001
 MD-USPS-20791