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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 11/28/01

C. Signature X Mary Ann Beach ☐ Agent ☐ Addressee

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

1. Article Addressed to: 99-196 11-7-01

Eric S. Kravetz
1920 N Street, N.W.
Room 660
Washington, DC 20036

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 5794

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

DOCKET NO. 99-196

ORDER DATED 11-7-01
FCC 01-2682
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Eric S. Kravetz
1920 N Street, N.W.
Room 660
Washington, DC 20036

C. 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)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	$ 3.94

99-196 7-01

HAMPTON PK FIN UNIT CAPITAL HGTS
Postmark Here
NOV 27 2001
MD-USPS-20791

7000 0600 0023 8168 5794

Name (Please Print Clearly) (to be completed by mailer)
Eric S. Kravetz
Street, Apt. No.; or PO Box No.
1920 N Street, N.W., #660
City, State, ZIP+4
Washington, DC 20036