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: 10-9-01

* 00-156
DLB Enterprises, Inc.
2244 Larson Lane
Suite 104
Dallas, TX 75229

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Diane Smith
☐ 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 6593

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

DOCKET NO. 00-156

ORDER DATED 10-9-01
FCC 01M-55
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: DLB Enterprises, Inc.
2244 Larson Lane
Suite 104
Dallas, TX 75229

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

00-156
10-9-01

HAMPTON FIN UNIT
CAPITAL HTS
MD 20743
OCT 22 2001

Name (Please Print Clearly) (to be completed by mailer)
DLB Enterprises, Inc.
Street, Apt. No.; or PO Box No.
2244 Larson Lane, Suite 104
City, State, ZIP+4
Dallas, TX 75229

See Reverse for Instructions

7000 0600 0023 8168 6593