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: 10-23-01

* 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 I Moffitt B. Date of Delivery: 11-5-01

C. Signature: Sandra I Moffitt ☐ 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 6265

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

DOCKET NO. 01-99

ORDER DATED 10-23-01

FCC 01-357

MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Andrew J. Phillips C. R. R. NO.
141 N. Sawyer Street
Oshkosh, WI 54902 BY

FCC Form 55 May 1990

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

7000 0600 0023 8168 6265

Article Sent To:

Postage	$ 34
Certified Fee	2.1
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	$3.94

Postmark Here: HAMPTON PK FM CAPITAL HGTS MD. USPS OCT 31 2001 20743

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