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: OR-A07

* 01-99
Rikke Davis
Sprint Corporation
401 9th Street, N.W.
Suite 401
Washington, DC 20004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): C. V. Murphy
B. Date of Delivery: 12/28/02
C. Signature: X C.V. Murphy
☐ 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 8169 1054

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

DOCKET NO. 01-99

ORDER DATED 2-19-02
FCC 02M-14
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Rikke Davis
401 9th Street, N.W.
Suite 401
Washington, DC 20004

C. R. R. NO.

BY

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: HAMPTON PK FIN UNIT CAPITAL HGTS MD-USPS-20791 FEB 27 2002

01-99
2-19-02

7000 0600 0023 8169 1054

Name (Please Print Clearly) (to be completed by mailer): Rikke Davis
Street, Apt. No.; or PO Box No.: 401 9th Street, N.W.
City, State, ZIP+4: Washington, DC 20004