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: 10-15-01

* 01-99
Joel Geer
ETS Payphones
1490 Westsork Drive
Lithia Springs, GA 30122

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 10-26

C. Signature
X Penny Bright ☐ 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 6357

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

DOCKET NO. 01-99

ORDER DATED
10-15-01
FCC 01-N-356
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Joel Geer
1490 Westsork Drive
Lithia Springs, GA 30122

C. R. R. NO.

BY

FCC Form 55 May 1990

7000 0600 0023 8168 6357

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

Article Sent To:

Postage	$ 1.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	$3.95

Postmark Here
01-99
10-15-01

Name (Please Print Clearly) (to be completed by mailer)
Joel Geer
Street, Apt. No.; or PO Box No.
1490 Westsork Drive
City, State, ZIP+4
Lithia Springs GA 30122

See Reverse for Instructions