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
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.Y. Murphy
B. Date of Delivery 10/30
C. Signature
X C.Y. 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 8168 6482

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

DOCKET NO. 01-99

ORDER DATED
10-15-01
FCC 01-336
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

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

Postmark Here
01-99
10-15-01

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

See Reverse for Instructions

7000 0600 0023 8168 6482