

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) Reba VARTAMAN	B. Date of Delivery 020402
	C. Signature (X) Reba Vartaman	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 1-1702	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
* 01-344 Kevin David Mitnick 7113 W. Gowan Road Las Vegas, NV 89129	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 0023 8169 1252		
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

DOCKET NO. **01344**

FCC MAIL SEC **CERTIFIED**

JAN 17 10 42 AM '02 **MAIL**

ORDER DATED 1-17-02
FCC ORN-07
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: **Kevin David Mitnick** C. R. R. NO. _____
7113 W. Gowan Road
Las Vegas, NV 89129 BY: _____

2521 6978 2200 0090 0000

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
Name (Please Print Clearly) (to be completed by mailer) Kevin David Mitnick Street, Apt. No., or PO Box No. 7113 W. Gowan Road City, State, ZIP+4 Las Vegas NV 89129	
Postmark Here 01-344 1-17-02 JAN 25 2002	

See Reverse for Instructions