

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: 1-1602
 * 01-99
 Andrew J. Phillips
 Yakes, Bauer Kindt & Phillips
 141 N. Sawyer Street
 Oshkosh, WI 54902-

Article Number (Copy from service label)
0023 8169 1269

Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Candra J. Mettuyh B. Date of Delivery 1-28-02
 C. Signature Candra J. Mettuyh Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

DOCKET NO. 01-99

RECEIVED
CERTIFIED
 JAN 25 2002

ORDER DATED <u>1-16-02</u>
<u>05.04</u>
FCC <u>0211-05.06</u>
MIMEOGRAPH NO.

FCC MAIL ROOM **MAIL**
RETURN RECEIPT REQUESTED

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

6921 6918 6200 0090 0002

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

Article Sent To: _____

Postage	\$ <u>57</u>
Certified Fee	<u>2.10</u>
Return Receipt Fee (Endorsement Required)	<u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.17</u>

Postmark: OSHKOSH WI 5 2002

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

See Reverse for Instructions