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: 3-20-02

* 01-99
John M. Goodman
Verizon
1300 I Street, N.W.
Washington, DC 20005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Scampozy B. Date of Delivery

C. Signature
X ☐ 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 0771 0272

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

DOCKET NO. 01-99

ORDER DATED 3-20-02
FCC 02-11-21
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
MAR 28 2002
FCC - MAILROOM

NAME: John M. Goodman FILE NO.
1300 I Street, N.W.
Washington, DC 20005 BY

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

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 CAPITOL HGTS 20743 MAR 28 2002 MD-USPS-20791

01-99 3-20-02

7000 0600 0023 0771 0272

Name (Please Print Clearly) (to be completed by mailer): John M. Goodman
Street, Apt. No.; or PO Box No.: 1300 I Street, N.W.
City, State, ZIP+4: Washington, DC 20005