

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
 Mary Sisak, Benjamin Dickens, Jr.
 Blooston, Mordkowsky,
 Jackson & Dickens
 2120 L Street, N.W.
 Suite 300
 Washington, DC 20037

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 1/28/02

C. Signature x Richard Rubinfeld 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) 00RB 8169 1290

DOCKET NO. 01-99
RECEIVED
 JAN 25 2002
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

ORDER DATED
1-16-02
8.04
 FCC 01-05-06
 MIMEOGRAPH NO.

NAME: Mary Sisak
2120 L Street, N.W.
Suite 300
Washington, DC 20037

C. R. R. NO. _____

7000 0600 0023 8169 1290

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

Article Sent to: _____

Postage	\$ <u>5.9</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 Here
JAN 25 2002

Name (Please Print Clearly) (to be completed by mailer)
Mary Sisak
 Street, Apt. No., or P.O. Box No.
2120 L Street, N.W.
 City, State, ZIP+4
Washington, DC 20037