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: 1-16-02

* 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) J Scarborough
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 8169 1320

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

DOCKET NO. 01-99

RECEIVED
JAN 25 2002
FCC MAIL ROOM

CERTIFIED MAIL RETURN RECEIPT REQUESTED

ORDER DATED 1-16-02
FCC 02M-05,06 03,04
MIMEOGRAPH NO.

NAME: John M. Goodman
1300 I Street, N.W.
Washington, DC 20005

C. R. R. NO.

BY

7000 0600 0023 8169 1320

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

Article Sent To

Postage	$ 57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
HAMPTON PK FIN UNIT CAPITAL HGTS
JAN 25 2002
USPS-2015
01-99
1-16-02

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

PS Form 3800, July 1999 See Reverse for Instructions