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
Michael J. Thompson
Wright & Talisman
1200 G Street, N.W.
Suite 600
Washington, DC 20005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mon 6/8

B. Date of Delivery 02/04/02

C. Signature X [signature] ☐ 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 0590

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

DOCKET NO. 01-99

RECEIVED
JAN 25 2002
FCC MAIL ROOM

CERTIFIED MAIL RETURN RECEIPT REQUESTED

ORDER DATED 1-16-02
FCC 02M-03.04 03.06
MIMEOGRAPH NO.

NAME: Michael J. Thompson
1200 G Street, N.W.
Suite 600
Washington, DC 20005

C. R. R. NO.

BY

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

Postmark Here
JAN 25 2002
MD-USPS-20791
0199 1-16-02

Name (Please Print Clearly) (to be completed by mailer)
Michael J. Thompson
Street, Apt. No. or PO Box No.
1200 G Street, N.W.
City, State, ZIP+4
Washington, DC 20005

7000 0600 0023 8169 0590

See Reverse for Instructions