

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
 Rikke Davis
 Sprint Corporation
 401 9th Street, N.W.
 Suite 401
 Washington, DC 20004

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature [Signature] 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

2. Article Number (Copy from service label) 0023 8169 0606

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

DOCKET NO. 0199

RECEIVED
JAN 25 2002

CERTIFIED

ORDER DATED
1-16-02
05.04
 FCC 02N-05.06
 MIMEOGRAPH NO.

FCC MAIL ROOM MAIL
RETURN RECEIPT

REQUESTED

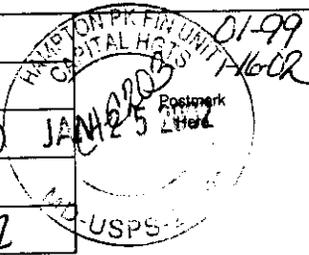
NAME: Rikke Davis
401 9th Street, N.W.
Suite 401
Washington, DC 20004 BY

C. R. R. NO.

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

7000 0090 0090 0200 6919 0606 0990

Article Sent For	
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>



Name (Please Print Clearly) (to be completed by mailer)
Rikke Davis
 Street, Apt. No., or PO Box No.
401 9th Street, N.W., Suite 401
 City, State, ZIP+4
Washington DC 20004