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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 6-11-02

C. Signature X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to: 02-28 6-4-02

DAVID Hill, Audrey RASMUSSEN
1120 20th Street, N.W
Suite 700 North Building
Washington, DC 20036

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 5796

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

DOCKET NO. 02-28

ORDER DATED 6-4-02
FCC 02M-45
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: DAVID Hill, Audrey RASMUSSEN
1120 20th Street, N.W.
Suite 700 North Building
Washington, DC 20036

C. R. R. NO.

BY

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

7000 0600 0023 0771 5796

Article Sent To:
DAVID Hill, Audrey Rasmussen

Postage	$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

HAMPTON CAPITAL 02-28 6-4-02
JUN 10 20
Postmark Here
MD-USPS-20704
CY-C203

Name (Please Print Clearly) (to be completed by mailer)
DAVID Hill, Audrey RASMUSSEN
Street, Apt. No.; or PO Box No.
1120 20th Street, N.W. Suite 700
City, State, ZIP+4
Washington DC 20036