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: 02-28 6-4-02

Phillip J. MAUSE
1500 K STREET, N.W
Suite 1100
WASHINGTON, DC 20005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 6/12/02

C. Signature
X Carolyn Marshall ☐ 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 0771 5789

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: Phillip J. MAUSE
1500 K STREET, N.W
Suite 1100
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:
Phillip J. Mause

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

HAMPTON PRINTING CAPITAL HGTS MD-USPS-20791
JUN 10 2002
Postmark Here

02-28 6-4-02

Name (Please Print Clearly) (to be completed by mailer)
Phillip J. MAUSE
Street, Apt. No.; or PO Box No.
1500 K STREET, N.W Suite 1100
City, State, ZIP+4
WASHINGTON DC 20005

7000 0600 0023 0771 5789