

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:

7/31/02

* 00-156
 Metroplex Two-Way Radio Service
 2244 Larson Lane
 Suite 104
 Dallas, TX 75229

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) John Smith B. Date of Delivery 08-12-02

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 0771 6021

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 00-156

CERTIFIED MAIL

ORDER DATED
<u>7-31-02</u>
FCC <u>07NA-72</u>
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Metroplex Two-Way Radio Service
2244 Larson Lane
Suite 104
Dallas, TX 75229

RECEIVED & INSPECTED
P.R.R. NO. <u>5</u>
<u>AUG 2002</u>
BY <u>FCC MAIL</u>

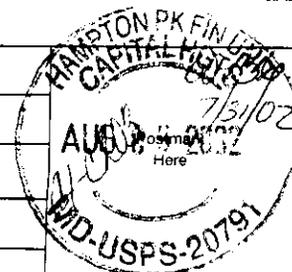
U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

[Empty field for Article Sent To]

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Name (Please Print Clearly) (to be completed by mailer)
Metroplex Two-Way Radio Service
 Street, Apt. No., or PO Box No.
2244 Larson Lane, Suite 104
 City, State, ZIP+4
Dallas, TX 75229

7000 0600 0023 0771 6021

PS Form 3811, July 1999

See Reverse for Instructions