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: 8/7/02

02-179
Scott W. Reed
Resort Aviation Services, Inc.
401 Front Avenue
Suite 205
P.O. Box A
Coeur d' Alene, ID 83816

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 8-19-02

C. Signature

X

☐ Agent
☑ Addressee

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

COEUR D'ALENE, ID 83814
AUG 19 2002

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 6007

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

DOCKET NO. 02-179

ORDER DATED 8-7-02

FCC DRU-78

MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
AUG 19 2002
FCC - MAILROOM

NAME: Scott W. Reed
401 Front Avenue, Suite 205
P.O. Box A
Coeur d' Alene, ID 83816

C. R. R. NO.

BY

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

Article Sent To

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

Postmark Here

HAMPTON PK FIN UNIT CAPITAL HGTS MD
AUG 14 2002
MD-USPS-20791

02-179
8/7/02

7000 0600 0023 0771 6007

Name (Please Print Clearly) (to be completed by mailer)
Scott W. Reed
Street, Apt. No.; or PO Box No.
401 Front Avenue, Suite 205
City, State, ZIP+4
Coeur d' Alene, ID 83816