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: 12-10-02

* 01-348
Deborah A. Lathen
Lathen Consulting
1650 Tysons Boulevard
Suite 1150
McLean, VA 22102

She moved
Left no fwd.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Teri Anaya
B. Date of Delivery: 12/18/02
C. Signature: X Teri Anaya
☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DEC 18

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)
7002 0460 0003 0771 2634

PS Form 3811, July 1999 Domestic Return Receipt 102595-0b1-0952

DOCKET NO. 01-348

ORDER DATED
12-10-02
FCC 02M2-111
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Deborah A. Lathen
Lathen Consulting
1650 Tysons Boulevard
Suite 1150
McLean, VA 22102

C. R. R. NO. .....

BY .....

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

Article Sent To:

Postage	$ .37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

12-10-02
01-348
Postmark Here
DEC 1 02
04-0203

7002 0460 0003 0771 2634

Name (Please Print Clearly) (to be completed by mailer)
DEBORAH A. LATHEN
Street, Apt. No., or PO Box No.
1650 TYSONS BOULEVARD SUITE 1150
City, State, ZIP+4
McLEAN, VA 22102

PS Form 3800, July 1999 See Reverse for Instructions