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: 10-28-02

* 02-284
John R. Wilner
Bryan Cave LLP
700 13th Street, N.W.
Suite 600
Washington, DC 20005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): R. McClary
B. Date of Delivery

C. Signature
X R McClary
☐ 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 3525

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

DOCKET NO. 02-284

ORDER DATED
10-28-02
FCC D2M-100
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
OCT 31 2002
FCC - MAILROOM

C. R. R. NO.

NAME: John R. Wilner
700 13th Street, N.W.
Suite 600
Washington, DC 20005

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

Postmark Here
10-28-02
284
HAMPTON PLAIN UNIT
CAPITAL HGTS
OCT 31 2002
MD-USPS-20783

7000 0600 0023 0771 3525

Name (Please Print Clearly) (to be completed by mailer)
John R. Wilner
Street, Apt. No.; or PO Box No.
700 13th Street, N.W. Suite 600
City, State, ZIP+4
Washington DC 20005

PS Form 3800, July 1999 See Reverse for Instructions