

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: 12-6-02
 * 01-348
 William D. Silva
 Law Offices of William D. Silva
 5335 Wisconsin Avenue, N.W.
 Suite 400
 Washington, DC 20015-

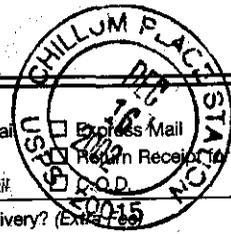
2. Article Number (Copy from service label)
0023 0771 2856

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 12/6/02
 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
 4. Restricted Delivery? (Extra Fee) Yes



DOCKET NO. 01-348

RECEIVED & INSPECTED
DEC 11 2002
FCC - MAILROOM
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

ORDER DATED
12-6-02
 FCC 02M-109
 MIMEOGRAPH NO.

NAME: William D. Silva
 Law Offices of William D. Silva
 5335 Wisconsin Avenue, N.W.
 Suite 400
 Washington, DC 20015-

C. R. R. NO.

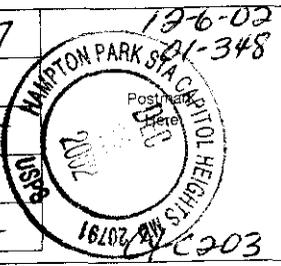
BY

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

7000 0600 0023 0771 2856

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



Name (Please Print Clearly) (to be completed by mailer)
WILLIAM D. SILVA
 Street, Apt. No., or PO Box No. SUITE 400
5335 WISCONSIN AVENUE, N.W.
 City, State, ZIP+4 WASHINGTON, DC 20015

PS Form 3800, July 1999

See Reverse for Instructions