

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1, 2, and 3. Also complete if Certified Delivery is desired. Write name and address on the reverse to return the card to you. Write on the back of the mailpiece, if space permits.</p> <p>to: 12-6-02</p> <p>Brown Maines & Brown 20036</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery 1-14-02</p> <p>C. Signature X MKCabra <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery?(Extra Fee) <input type="checkbox"/> Yes</p>
<p>(from service label) 2818</p>	
99	Domestic Return Receipt
	102595-00-M-0952

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: Barry D. Wood

C. R. R. NO.

Wood, Maines & Brown
1827 Jefferson Place, N.W.
Washington, DC 20036

0Y

7000 0600 00 3 0771 2818

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
HAMPTON PA 12-6-02
1604-0203

Name (Please Print Clearly) (to be completed by mailer)
BARRY D. WOOD
Street, Apt. No., or PO Box No.
1827 JEFFERSON PLACE, N.W.
City, State, ZIP+4
WASHINGTON, DC 20036

PG Form 3800, July 1999 See Reverse for instructions