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: 12-12-02

* 02-179

Suite 205
P.O. Box A
Coeur d' Alene, ID 83816

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Scott Reed

B. Date of Delivery JAN 14 2003

C. Signature
X

☐ 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

102595-00-M-0952

DOCKET NO. 02-179

ORDER DATED 12-12-02

FCC 02M-113

MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Scott W. Reed
Resort Aviation Services, Inc.
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	$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

12-12-02
02-179

Postmark Here
JAN 14 2003
USPS

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

PS Form 3800, July 1999 See Reverse for Instructions

7000 0600 0023 0771 2344