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: 11-12-02

* 01-348
Scott R. Flick
Shaw Pittman LLP
2300 N. Street, N.W.
Washington, DC 20037

ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 21 2002

3. Service Type USPS
☐ 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 3334

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

DOCKET NO. 01-348

ORDER DATED 11-12-02
FCC 02M-102
MIMEOGRAPH NO.

RECEIVED & INSPECTED
NOV 27 2002
FCC - MAIL ROOM

CERTIFIED MAIL RECEIPT REQUESTED

RETURN NAME Scott R. Flick
2300 N. Street, N.W.
Washington, DC 20037

C. R. R. NO.

A 0

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

Article Sent To:

Postage	$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

11-12-02 01-348
Postm

HAMPTON PK FIN UNIT CAPITAL HGTS
NOV 20 2002
MD-USPS-20791 C203

7000 0600 0023 0771 3334

Name (Please Print Clearly) (to be completed by mailer)
Scott R. Flick
Street, Apt. No.; or PO Box No.
2300 N. Street, N.W.
City, State, ZIP+4
Washington, DC 20037

PS Form 3800, July 1999 See Reverse for Instructions