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: 10-9-02

• 01-34
Mark A. Balkin
Hardy, Carey & Chautin, L.L.P.
110 Veterans Boulevard
Suite 300
Metairie, LA 70005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
OCT 1 2002

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

2. Article Number (Copy from service label) 0023 0771 3570

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

DOCKET NO. 01-348

ORDER DATED 10-9-02

RECEIVED & INSPECTED OCT 24 2002 FCC MAIL ROOM

CERTIFIED MAIL RETURN RECEIPT REQUESTED

NAME MARK A. BALKIN
110 VETERANS BOULEVARD
SUITE 300
METAIRIE, LA 70005

C. R. R. NO.

BY

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

7000 0600 0023 0771 3570

Article Sent To:

Postage	$ 2.90
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.95

HAMPTON PARK STA CMD 10-9-02 01-348 HYATTSVILLE MD 20781 OCT 28 2002 Postmark Here USPS 04-C203

Name (Please Print Clearly) (to be completed by mailer)
MARK A. BALKIN
Street, Apt. No.; or PO Box No.
110 VETERANS BOULEVARD SUITE 300
City, State, ZIP+4
METAIRIE, LA 70005

PS Form 3800, July 1999 See Reverse for Instructions