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

* 01-348
Patrick J. Grant
555 12th Street, N.W.
Washington, DC 20004

COMPLETE THIS SECTION 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

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 3600

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

DOCKET NO. 01-348

ORDER DATED
10-9-02
FCC 02-284
MIMEOGRAPH NO.

RECEIVED & INSPECTED
OCT 24 2002
FCC - MAIL ROOM

CERTIFIED MAIL RETURN RECEIPT REQUESTED

NAME: PATRICK J. GRANT
555 12th STREET, N.W.
WASHINGTON, DC 20004

C. R. R. NO. .....

BY .....

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

7000 0600 0023 0771 3600

Article Sent To:

Postage	$ 2.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.05

HAMPTON PARK STA CAPITOL HEIGHTS MD 20791
OCT 28 2002
USPS
04-2203

Name (Please Print Clearly) (to be completed by mailer)
PATRICK J. GRANT
Street, Apt. No.; or PO Box No.
555 12th STREET, N.W.
City, State, ZIP+4
WASHINGTON, DC 20004

PS Form 3800, Jun. 1999 See Reverse for Instructions