SENDER: [redacted]

- 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
Pantelis Michalopoulos
Steptoe &Johnson LLP
1330 Connecticut Avenue, N.W.
Washington, DC 20036-

COM[redacted] SECTION ON DELIVERY

A. Received by (Please Print Clearly) Lurie

B. Date of Delivery 11/22/02

C. Signature X Kathy

☒ 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 3297

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.

CERTIFIED MAIL RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED NOV 20 2002 FCC-MAILROOM

NAME: Pantelis Michalopoulos
1330 Connecticut Avenue, N.W.
Washington, DC 20036

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

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

11-12-02
01-348

Remark Here

C4-C203

7000 0600 0023 0771 3297

Name (Please Print Clearly) (to be completed by mailer)
Pantelis Michalopoulos
Street, Apt. No. or PO Box No.
1330 Connecticut Avenue, N.W.
City, State, ZIP+4
Washington DC 20036

PS Form 3800, July 1999 See Reverse for Instructions