

SENDER: COM...

ON DELIVERY

- 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.

A. Received by (read clearly) ATVIS B. Date of Delivery NOV 21 2002

C. Signature [Signature] Agent Addressee

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

1. Article Addressed to: 11-12-02

* 01-348
George Kohl
501 Third Street, N.W.
Washington, DC 20001

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 3403

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
RECEIPT**

REQUESTED

RECEIVED
NOV 21 2002
FCC - MAIL ROOM
UNINSPECTED
UNINSPECTED

George Kohl
501 Third Street, N.W.
Washington, DC 20001

C. R. R. NO.

BY.....

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

Article Sent To:

Postage \$ 0.37
 Certified Fee 2.38
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.42

HAMPTON PR FIN UNIT
CAPITAL HGTS
NOV 20 2002
MD-USPS-20791
01-348
04-0203

Name (Please Print Clearly; do not be completed by mailer)
George Kohl
 Street, Apt. No., or P.O. Box No.
501 Third Street, N.W.
 City, State, ZIP+4®
Washington, DC 20001

8000 1220 0770 0200 0090 0007