PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: *COMPLETE THIS SECTION* | *COMPLETE THIS SECTION 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.

1. Article **Addressed to:** 11-12-02

* 01-348
Christopher C. Cinnamon
307 North Michigan Avenue
Suite 1020
Chicago, IL 60601

A. Received by *(Please Print Clearly)* Amy B Swift | B. Date of Delivery 11/27/02

C. Signature
X Amy Pearson ☐ 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 3341

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 & INSPECTED
NOV 2 9 2002
FCC - MAILROOM

NAME: Christopher C. Cinnamon
307 North Michigan Avenue
Suite 1020
Chicago, IL 60601

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

BY .....

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

7000 0600 0023 0771 3341

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

Postmark Here

HAMPTON PK FIN UNIT CAPITAL HGTS 11-12-02 01-348
NOV 20 2002
MD-USPS-20791

04-0205

Name (Please Print Clearly) (to be completed by mailer)
Christopher C. Cinnamon
Street, Apt. No.; or PO Box No.
307 North Michigan Avenue Suite 1020
City, State, ZIP+4
Chicago, IL 60601

PS Form 3800, July 1999 See Reverse for Instructions