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: 1-10-03

* 01-348
Scott R. Flick
Shaw Pittman LLP
2300 N. Street, N.W.
Washington, DC 20037

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery
JAN 21 2003

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)
7000 0600 0023 0471 2207

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

DOCKET NO .....

ORDER DATED 01-10-03
FCC 03M-01
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
JAN 16 2003
FCC - MAILROOM

NAME: Scott R. Flick
Shaw Pittman LLP
2300 N. Street. N.W.
Washington, DC 20037

CERTIFICATE NO .....

BY .....

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

Article Sent To:

Postage	$ 37	1-10-03 01-348
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.42	

HAMPTON PK FIN UNIT CAPITAL HGTS MD-USPS-20791
JAN 17 2003

Name (Please Print Clearly) (to be completed by mailer)
Scott R. Flick
Street, Apt. No.; or PO Box No.
2300 N. Street, N.W.
City, State, ZIP+4
Washington DC 20037

7000 0600 0023 0471 2207

PS Form 3800, July 1999 See Reverse for Instructions