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: 12-11-02

* 01-348
Jack Richards
Keller and Heckman LLP
1001 G Street, N.W
Washington, DC 20001

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

Article Number (Copy from service label) 7000 0600 0023 0771 2429

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

DOCKET NO. 01-348

ORDER DATED 12-11-02

FCC 02M-112

MIMEOGRAPH NO.

RECEIVED & INSPECTED
DEC 11 2002
MAIL ROOM

CERTIFIED MAIL RECEIPT

NAME: Jack Richards
Keller and Heckman LLP
1001 G 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	$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

Postmark Here
12-11-02
DEC 2 2002
CY-C203

Name (Please Print Clearly) (to be completed by mailer)
JACK RICHARDS
Street, Apt. No.; or PO Box No.
1001 G STREET, N.W.
City, State, ZIP+4
WASHINGTON, DC 20001

PS Form 3800, July 1999 See Reverse for Instructions

7000 0600 0023 0771 2429