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
Mark A. Balkin
Hardy, Carey & Chautin, L.L.P.
110 Veterans Boulevard
Suite 300
Metairie, LA 70005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Dianne B. Gaines B. Date of Delivery DEC 26 2002

C. Signature
X Dianne B. Gaines ☐ 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 2375

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

DOCKET NO. 01-348

ORDER DATED

RECEIVED & INSPECTED
DEC 11 2002
FCC - MAILROOM

CERTIFIED MAIL

FCC 02M-112
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Mark A. Balkin
Hardy, Carey 8 Chautin, L.L.P.
110 Veterans Boulevard
Suite 300
Metairie. LA 70005

C. R. R. NO.

BY

7000 0600 0023 0771 2375

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

12-11-02
01-348
Postmark Here
DEC 2 0 2002
CY-C203

Name (Please Print Clearly) (to be completed by mailer)
MARK A. BALKIN
Street, Apt. No.; or PO Box No.
110 VETERANS BOULEVARD SUITE 300
City, State, ZIP+4
METAIRIE, LA 70005

PS Form 3800, July 1999 See Reverse for Instructions