

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 11-18-02

* 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) CARL HAWKES B. Date of Delivery

C. Signature [Signature] Agent Addressee

D. Is this my address different from item 1? Yes No
 If yes, enter delivery address below

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail Signature Required

4. Restricted Delivery Yes



2 Article Number (Copy from service label)
0023 0371 3143

PS Form 3811, July 1999

Domestic Mail Only

DOCKET NO. 01-348

**CERTIFIED
MAIL
RETURN RECEIPT**

ORDER DATED
11-18-02
 FCC 02M-103
02M-104
 MIMEOGRAPH NO.

**RECEIVED & INSPECTED
REQUESTED**
 NOV 22 2002
FCC-MAILROOM

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

BY

7000 0600 0771 3143

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

Article Sent to

Postage	\$ <u>66</u>	11-18-02 01-348
Certified Fee	<u>230</u>	
Return Receipt Fee (Endorsement Required)	<u>175</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>475</u>	Postmark Here

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

PS Form 3800, July 1999

See Reverse for Instructions