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
Kevin M. Walsh
Irwin, Campbell & Tannenwald, P.C.
1730 Rhode Island Avenue, N.W.
Suite 200
Washington, DC 20036-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DANIELLA KNIGHT B. Date of Delivery 25 NOV 02

C. Signature ☐ 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 3211

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

DOCKET NO. 01-348

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

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Kevin M. Walsh
Irwin, Campbell & Tannenwald, P.C
1730 Rhode Island Avenue, N.W
Suite 200
Washington, DC 20036-

RECEIVED & INSPECTED
C. R. R. NO.
NOV 22 2002
BY FCC - MAILROOM

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

7000 0600 0023 0771 3211

Article Sent To:

Postage	$ 60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

11-18-02
01-348

Postmark Here

CY-C203

Name (Please Print Clearly) (to be completed by mailer)
KEVIN M. WALSH
Street, Apt. No., or PO Box No.
1730 Rhode Island AVENUE, N.W. Suite 200
City, State, ZIP+4
WASHINGTON, DC 20036

PS Form 3800, July 1999 See Reverse for Instructions