

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
 Deborah A. Lathen
 Lathen Consulting
 1650 Tysons Boulevard
 Suite 1150
 McLean, VA 22102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. Brum B. Date of Delivery 11/25/02
 C. Signature D. Brum Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below.
 3. Service Type: Certified Registered for Merchandise Insured
 4. Restricted Delivery Fee Yes No

2. Article Number (Copy from service label) 0023 0771 3150
 PS Form 3811, July 1999 Domestic Return

DOCKET NO. 01-348

CERTIFIED MAIL

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

RETURN RECEIPT REQUESTED

NAME: Deborah A. Lathen
 Lathen Consulting
 1650 Tysons Boulevard
 Suite 1150
 McLean, VA 22102

RECEIVED & INSPECTED
 NOV 22 2002
 FCC-MAILROOM

051E 1220 0771 3150
 7000 0100 0200 0090 0002

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

Article Sent to: _____

Postage	\$ 65
Certified Fee	730
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 970

Postmark Here: 11-18-01 01-348

Name (Please Print Clearly) (to be completed by mailer): DEBORAH A. LATHEN
 Street, Apt. No., or PO Box No: 1650 TYSONS BOULEVARD SUITE 1150
 City, State, ZIP+4: MCLEAN, VA 22102

Postmark Here: CY-203