

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

2. Article Number (Copy from service label)
0023 0771 3150

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. B. Lathen B. Date of Delivery 11/15/02

C. Signature [Signature] 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

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
 BY FCC - MAILROOM

7000 0600 0020 0771 3150

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

Article Sent To:		
Postage	\$	<u>66</u>
Certified Fee		<u>730</u>
Return Receipt Fee (Endorsement Required)		<u>175</u>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	<u>1005</u>

Postmark Here: 11-18-01 01-348

24-0203

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

PS Form 3800, July 1999 See Reverse for Instructions