

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: 1-8-03

* 01-348
 Jack Richards
 Keller and Heckman LLP
 1001 G Street, N.W
 Washington, DC 20001

2. Article Number (Copy from service label)

0023 0771 1965

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

1-28-03

C. Signature

X [Signature] Agent Addressee

D. Is delivery 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 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCKET NO. 01-348

INSPECTED
JAN 22 2003
CERTIFIED
MAIL
RETURN RECEIPT REQUESTED

ORDER DATED
1-8-03
 FCC 03-4
 MIMEOGRAPH NO.

NAME: Jack Richards
 Keller and Heckman LLP
 1001 G Street, N.W
 Washington, DC 20001

C. R. R. NO.

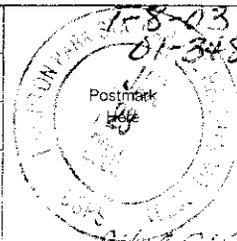
BY.....

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

7000 0600 0023 0771 1965

Article Sent To:

Postage	\$ <u>1.60</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.65</u>



Name (Please Print Clearly) (to be completed by mailer)
Jack Richards
 Street, Apt. No., or PO Box No.
1001 G Street, N.W.
 City, State, ZIP+4
Washington, DC 20001