

**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  
 John R. Feore, Jr.  
 Dow, Lohnes & Albertson, PLLC  
 1200 New Hampshire Avenue, N.W.  
 Suite 800  
 Washington, DC 20036

2. Article Number (Copy from service label)  
0023 0971 1934

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) P. Murray B. Date of Delivery 1-24-03  
 C. Signature x P. Murray  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

DOCKETS

01-248  
**RECEIVED & INSPECTED**  
 JAN 28 2003  
**CERTIFIED MAIL**  
 FCC - MAIL ROOM

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

**RETURN RECEIPT REQUESTED**

**NAME:** John R. Feore, Jr.  
 Dow, Lohnes & Albertson, PLLC  
 1200 New Hampshire Avenue, N.W.  
 Suite 800  
 Washington, DC 20036

C. R. R. NO. \_\_\_\_\_

BY \_\_\_\_\_

7000 0600 0023 0771 1934

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

Article Sent To: \_\_\_\_\_

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>

Postmark Here: 1-8-03  
01-248  
0023 0971 1934  
7-4-2003

Name (Please Print Clearly): John R. Feore, Jr.  
 Street, Apt. No., or PO Box No.: 1200 New Hampshire Avenue, N.W.  
 City, State, ZIP: Washington DC 20036

PS Form 3800, July 1999