

**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 01-10-03

\* 01-348  
 George Kohl  
 501 Third Street, N.W.  
 Washington, DC 20001

**COMPLETE THIS SECTION FOR DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 1/16/03

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 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 2283

DOCKET NO. 01-348

**CERTIFIED**

**MAIL RECEIVED & INSPECTED**

**RETURN**

**RECEIPT REQUESTED**

JAN 16 2003

NAME: George Kohl  
 501 Third Street, N.W.  
 Washington, DC 20001

FCC - MAILROOM

ORDER DATED 01-10-03  
 FCC 03M-01  
 MIMEOGRAPH NO. \_\_\_\_\_

BY \_\_\_\_\_

7000 0600 0023 0771 2283

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

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

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.42</b>

Postmark: 1-10-03 01-348  
 HAMPTON PK FIN UNIT CAPITAL HTGS  
 JAN 17 2003  
 MD-USPS-20783

Name (Please Print Clearly) (to be completed by mailer)  
GEORGE KOHL  
 Street, Apt. No. or PO Box No.  
501 THIRD STREET, N.W.  
 City, State, ZIP+4  
WASHINGTON DC 20001

EST. 1967, PSN July 1991 See Reverse for instructions