

U.S. Postal Service™ *LT-180005 Letter 9-13-18 RC-LW*
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7013 2250 0000 3417 4104

Postage	\$	7250
Certified Fee		0.47
Return Receipt Fee (Endorsement Required)		3.45
Restricted Delivery Fee (Endorsement Required)		2.75
Total Postage & Fees	\$	6.67



Office of the Secretary
 Federal Communications Commission
 445 12th Street, S.W.
 Washington, DC 20554

PS Form 3800, August 2006 See Reverse for Instructions

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<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>COMPLETE THIS SECTION ON DELIVERY</p>
<p>1. Article Addressed to:</p> <p>Office of the Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2250 0000 3417 4104</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>Received & Inspected</i></p> <p>SEP 19 2018</p> <p>FCC Mailroom</p>
<p>9590 9402 1206 5246 4462 44</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>