

7004 1160 0000 2622 8290

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
Postmark Here
AUG 05 2016
HAMPTON PK FIN UNIT
20791

Sent To Roger L. Hoppe, 4115
Street, Apt. No.; or PO Box No. P.O. Box 80495
City, State, ZIP+4 Rochester, MI 48308

PS Form 3800, June 2002

See Reverse for Instructions

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:

Roger L. Hoppe, 4115
PO Box 80495
Rochester, MI 48308

2. Article Number
(Transfer from service label)

7004 1160 0000 2622 8290

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Roger L. Hoppe
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☐ No

AUG 13 2016

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

MI 480

13 AUG '16

PM 11



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

AUG 19 2016

Tom Hutton FCC Mail Room
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554