

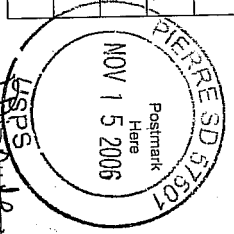
7C06-191

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

OFFICIAL USE

0945 7029 0002 2510 7001

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: Echo Satellite, LLC Resolution Dept.
 Street, Apt. No. or PO Box No.: PO Box 904D
 City, State, ZIP+4: Littleton, CO 80120
 PS Form 3800, January 2001 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:
 Echo Satellite, LLC
 Dispute Resolution Dept
 PO Box 904D
 Littleton, CO 80120

COMPLETE THIS SECTION ON DELIVERY

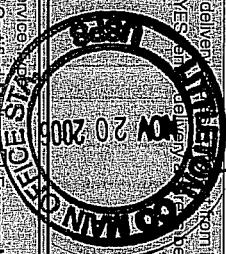
A. Signature: *x MAD*

B. Received by (Printed Name): *MAD*

C. Date of Delivery: *11-20-02*

D. Is delivery from item 1? Yes No

3. Service Selected: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes



2. Article Number: 7001 2510 0002 7029 0945
 (Transfer from service label)

PS Form 3811 August 2001 Domestic Return Receipt 102595-02-1M-1540