U.S. Postal Service™	·	
CERTIFIED MAIL. RECEIPT	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Postage \$ Certified Fee Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Compat	A. Signature X
Total Postage & Fees \$ Sent To Yould Cl Street, Apt. No.; or PO Box No. Q _ 14 - 11 City, State, ZiP+4	One Comcast Center Philadelphia, PA 19103	3. Service Type Certified Mail
PS Form 3800, August 2006 See Reverse fo	2. Article Number (Transfer from service label) 7010 187	70 0001 6391 2657
To: Comcast One Comcast Center Philadelphia, PA 191 Call Sign: WAWD Name of Contact Person Station Address for Reco	r 103 n at Station: Jud Colley eipt of Official Correspondence: P. O. Be	ox 9556 a City, FL 32417
Stations Community of	License: Ft. Walton Beach, Fl	
Station's DMA Assignm	ent: Mobile, Al-Pensacola, Fl-Ft. Walton	n Beach, Fl
	ry X ission Consent	

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*A copy of this Notification is being placed in the stateion's public inspection file.