

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

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

OFFICIAL USE

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

Post
Hr

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:

EchoStar Communications
9601 S. Meridian Blvd.
Englewood, Co. 80112

2. Article Number
(Transfer from service label)

7010 1870 0001 6391 2688

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery 9/14

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

Sent To Mailed 9/14/

Street, Apt. No.;
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse

To: EchoStar Commu
9601 S. Meridian Blvd.
Englewood, CO 80112

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1640

Call Sign: WAWD

Name of Contact Person at Station: Jud Colley

Station Address for Receipt of Official Correspondence: P. O. Box 9556
Panama City, FL 32417

Stations Community of License: Ft. Walton Beach, Fl

Station's DMA Assignment: Mobile, Al-Pensacola, Fl-Ft. Walton Beach, Fl

*Carriage Election:
Must Carry X
Retransmission Consent _____

By: Jud Colley
President

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

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