'		•			
SENDER: COMPLETE THIS SECTION		A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  D. Is delivery address different from Item 17  If YES, enter/delivery address below:			
■ 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 malipiece, or on the front if space permits.  1. Article Addressed to:  Media Compound Road Road Road Road Road Road Road Roa					
midd letown;	104 10941	3. Service Type  Certified Mail  Registered  Insured Mail	☐ Express Ma	ail elpt for Merchandise	
		4. Restricted Deliver	y? (Extra Fee)	☐ Yes	
Article Number     (Transfer from service label)	7009 2820	0002 0687	8786		ED
PS Form 3811, February 2004 Domestic Return Receipt				102595-02-M-1540	
	100 Crystal Run .	Koad			
]	Middletown, NY	10941			
	,				

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-Pensacola-Ft. Walton

As of today's date, we are broadcasting an HD signal and request a channel in the digital tier.

/President

Call Sign: WAWD

<sup>\*</sup>A copy of this Notification is being placed in the station's public inspection file.