

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

7010 1870 0001 6391 2848

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

Postmark  
Here

Sent To Mailed 9-20-11  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

NO RECEIPT REQUESTED

To: Cox Communications  
 1400 Lake Hearn Drive, NE  
 Atlanta, GA 30319

Call Sign: WAWD

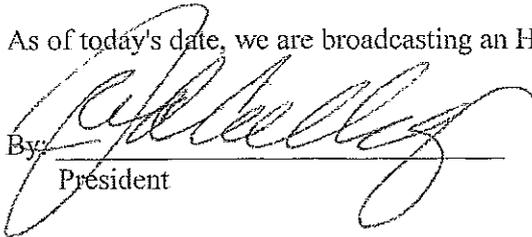
Name of Contact Person at Station: Jud Colley

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

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

By:   
 President

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

**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:  
 Cox Communications  
 1400 LAKE HEARN DR., NE  
 Atlanta, GA  
 30319

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Jud Colley C. Date of Delivery 9/23

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes