

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

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

Postmark
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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

RETURN RECEIPT REQUESTED

To: MediaCom
 100 Crystal Run Road
 Middletown, NY 10941

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-Pensacola-Ft. Walton

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

By: *Jud Colley*
 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:

Media Com
100 Crystal Run Road
Middletown, NY 10941

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Allen Giannini

B. Received by (Printed Name) C. Date of Delivery

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

