U.S. Postal Service™		
CERTIFIED MAIL. RECEIPT	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
(Domestic Mail Only, No Insurance Coverage Provi For delivery Information visit our website at www.usps.co	 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. 	A. Signature X
Postage \$	Attach this card to the back of the malipiece, or on the front if space permits.	
Centified Fee	i. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Return Receipt Fee Postmal Endorsement Required)		
Restricted Delivery Fee Endorsement Required)	Low Communications	
Total Postage & Fees \$	1400 LAKE HEARN Dr., Nt.	
Sent To 47 allac 9-14-11	COX Communications 1400 LAKE HEARN Dr., NE. Atlanta, Ga 30319	3. Service Type Certifled Mail Registered Receipt for Merchandis
Street, Apt. No.; or PO Box No.		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
City, State, ZIP+4	2. Article Number	<u> </u>
PS Form 3800, August 2006 See Reverse for	2. Article Number 7 D L D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	870 0001 6391 2664
·	PS Form 3811, February 2004 Domestic Re	aturn Receipt 102595-02-M-15
1400 Lake Hearn Dr Atlanta, GA 30319	ive, NE	
Atlanta, GA 30319		
Call Sign: WAWD		
Name of Contact Person	at Station: Jud Colley	
Station Address for Rece	eipt of Official Correspondence: P. O. Box Panama	x 9556 City, FL 32417
Stations Community of	License: Ft. Walton Beach, Fl	
Station's DMA Assignment	ent: Mobile, Al-Pensacola, Fl-Ft. Walton	Beach, Fl
	y X ission Consent	
By Malle	elleg-	

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