

7010 1870 0001 6391 2671

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

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

OFFICIAL US

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

Postmark Here

Sent To mailed 9-14-11

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

City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for

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:

DirecTV
P.O. Box 915
El Segundo, CA.
90245-0915

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X _____

B. Received by (Printed Name) _____

C. Date of Delivery SEP 19 2011

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

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To: DirecTV
P. O. Box 915
El Segundo, CA 90245-0915

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

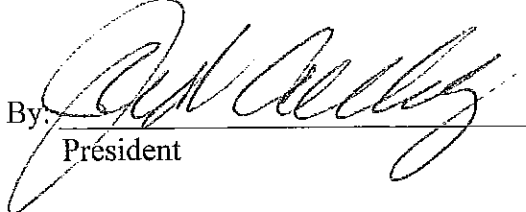
Stations Community of License: Ft. Walton Beach, FL

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

*Carriage Election:

Must Carry X

Retransmission Consent _____

By: 
President

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