

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	\$

Postage 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 Instructions

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:

mediaCom
 100 Crystal Run Road
 Middletown, NY 10941

2. Article Number
 (Transfer from service label)

7010 1870 0001 6391 2701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

To: MediaCom
 100 Crystal Run Road
 Middletown, NY 10941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Call Sign: WAWD

Name of Contact Person at Station: Jud Colley

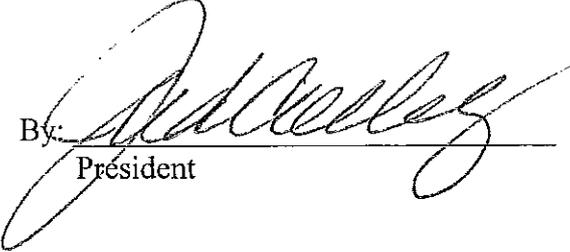
Station Address for Receipt of Official Correspondence: P. O. Box 9556
 Panama City, FL 32417

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.

7010 1870 0001 6391 2701