

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. 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.</p> <p>Article Addressed to: Dish Satellite, LLC Attn: Teresa Cain 9601 S. Meridian Blvd. Englewood, CO 80112</p> <p>9590 9403 0199 5120 3435 01</p> <p>Article Number (Transfer from service label) 7016 3560 0000 9411 3912</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 10/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<p>Complete items 1, 2, and 3. 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.</p> <p>Article Addressed to: Direct TV, Inc. Attn: Local Intra-Local Elections 2230 East Imperial Highway Mail Stop: N321 El Segundo, CA 90245</p> <p>9590 9403 0199 5120 3434 95</p> <p>Article Number (Transfer from service label) 7016 3560 0000 9411 3905</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
EL SEGUNDO, CA 90245	
<p>Certified Mail Fee \$3.25</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$0.00</p> <p><input type="checkbox"/> Return Receipt (electronic) \$0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$0.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$1.40</p> <p>Total Postage and Fees \$7.50</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4® _____</p>	<p>0332 10</p> <p>Postmark Here</p> <p>09/26/2017</p>
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

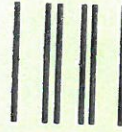
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
ENGLEWOOD, CO 80112	
<p>Certified Mail Fee \$3.35</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$0.00</p> <p><input type="checkbox"/> Return Receipt (electronic) \$0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$0.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$1.19</p> <p>Total Postage and Fees \$7.39</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4® _____</p>	<p>0332 10</p> <p>Postmark Here</p> <p>09/26/2017</p>
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

UNITED STATES POSTAL SERVICE

DENVER
CO 802

03 OCT '17

PM 5 L



First-Class Mail
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• Sender: Please print your name, address, and ZIP+4® in this box•

TONY BROOKS, Deputy Director
ARKANSAS EDUCATIONAL TELEVISION NETWORK
350 SOUTH DONAGHEY AVENUE
CONWAY, ARKANSAS 72034

USPS TRACKING#



682850

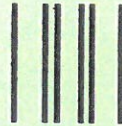
9590 9403 0199 5120 3435 01

UNITED STATES POSTAL SERVICE

LOS ANGELES

03 OCT '17

PM 11 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

TONY BROOKS, Deputy Executive Director
ARKANSAS EDUCATIONAL TELEVISION NETWORK
350 S. DONAGHEY
CONWAY, ARKANSAS 72034

USPS TRACKING#



682850

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