

Ken D. Polin  
 Manager  
 Calipatria Broadcasting Company, LLC  
 402 W. Broadway, 21<sup>st</sup> Floor  
 San Diego, CA 92101

**CERTIFIED MAIL™**



7008 1300 0000 7039 9627  
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GENERAL MANAGER/OFFICE MANAGER  
 ANTILLES WIRELESS, LLC  
 COMMUNITY ID#: CA1651  
 23 CENTRAL AVE, SUITE 200  
 HARNEY, NE 68848

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)  
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To GENERAL MANAGER/OFFICE MANAGER ANTILLES WIRELESS, LLC COMMUNITY ID#: CA1651 Street, Apt. No.: 2123 CENTRAL AVE, SUITE 200 or PO Box No. KEARNEY, NE 68848 City, State, ZIP+4		

PS Form 3800, August 2006

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
1. Article Addressed to:  GENERAL MANAGER/OFFICE MANAGER ANTILLES WIRELESS, LLC COMMUNITY ID#: CA1651 2123 CENTRAL AVE, SUITE 200 KEARNEY, NE 68848	<p>B. Received by (Printed Name) C. Date of Delivery</p>
2. Article Number (Transfer from service label)	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
102595-02-M-1540	7008 1300 0000 7039 9627

**Certified Mail**  
■ A mailing receipt  
■ A unique identifier  
■ A record of delivery

**Important Reminders**  
■ Certified Mail must be delivered to the addressee's address.  
■ NO INSURANCE for valuables, please use Registered Mail for additional protection.  
■ For an additional fee, you may obtain a duplicate return receipt.  
■ For an addressee's endorsement, use the "Endorsement" field at the post office. If a postmark or receipt is not needed, the receipt is not needed.

**IMPORTANT: Save**  
PS Form 3800, August 2003