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 402 W. Broadway, 21<sup>st</sup> Floor  
 San Diego, CA 92101

**CERTIFIED MAIL™**



7008 1300 0000 7039 9566  
 7008 1300 0000 7039 9566



GENERAL MANAGER/OFFICE MANAGER  
 BLACKSTONE CABLE LLC  
 COMMUNITY ID#: CA1253  
 40 WOODLAND STREET  
 HARTFORD, CT 06105

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

**OFFICIAL USE**

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage & Fees \$  
**GENERAL MANAGER/OFFICE MANAGER**  
 Sent To BLACKSTONE CABLE LLC  
 COMMUNITY ID#: CA1253  
 Street, Apt. No., or PO Box No. 40 WOODLAND STREET  
 City, State, ZIP+4 HARTFORD, CT 06105

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT POSTAL 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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p>GENERAL MANAGER/OFFICE MANAGER BLACKSTONE CABLE LLC COMMUNITY ID#: CA1253 40 WOODLAND STREET HARTFORD, CT 06105</p>	<p>B. Received by (<i>Printed Name</i>)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	

7008 1300 0000 7039 9566

Domestic Return Receipt 102595-02-M-1540

**Certified Mail F**

- A mailing receipt
- A unique identifie
- A record of deliv

**Important Remind**

- Certified Mail me
- Certified Mail is
- NO INSURANC
- valuables, pleas
- For an additiona
- delivery. To obtai
- Receipt (PS Form
- fee. Endorse ma
- a duplicate retur
- required.
- For an additio
- addressee's aut
- endorsement "F
- if a postmark or
- cle at the post
- receipt is not ne

**IMPORTANT: Sav**

PS Form 3800, August