

Ken D. Polin
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 Calipatria Broadcasting Company, LLC
 402 W. Broadway, 21st Floor
 San Diego, CA 92101

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7008 1300 0000 7039 9603
 7008 1300 0000 7039 9603



GENERAL MANAGER/OFFICE MANAGER
 ANTILLES WIRELESS, LLC
 COMMUNITY ID#: CA1770
 2123 CENTRAL AVENUE
 KEARNEY, NE 68847

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 USE

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

Postmark
Here

Total Postage & Fees \$
GENERAL MANAGER/OFFICE MANAGER

Sent To **ANTILLES WIRELESS, LLC**
 Street, Apt. No., or PO Box No. **COMMUNITY ID#: CA1770**
2123 CENTRAL AVENUE
 City, State, Zip+4 **KEARNEY, NE 68847**

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: GENERAL MANAGER/OFFICE MANAGER ANTILLES WIRELESS, LLC COMMUNITY ID#: CA1770 2123 CENTRAL AVENUE KEARNEY, NE 68847	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number <i>(Transfer from service)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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Certified Mail P

- A mailing receipt
- A unique identify
- A record of delive

Important Reminds

- Certified Mail is n
- NO INSURANCE
- valubles, please
- For an additional
- delivery. To obtain
- Receipt (PS Form
- fee. Endorse mail
- a duplicate return
- required.

- For an additioni
- addressee's auth
- endorsement. Re
- If a postmark on
- cle at the post c
- receipt is not nee

IMPORTANT: Save

PS Form 3800, August