

## 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.

Article Addressed to:

Comcast  
One Comcast Center  
Philadelphia PA 19103

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

Article Number

(Transfer from service label)

7008 1830 0000 8884 9424

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Philadelphia, PA 19103

Call Sign: WPCT

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: Panama City Beach, FL

Station's DMA Assignment: Panama City, Florida

As of today's date, we are broadcasting an HD signal and request a channel in the digital tier.

By:

President

\*A copy of this Notification is being placed in the station's public inspection file.