

**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

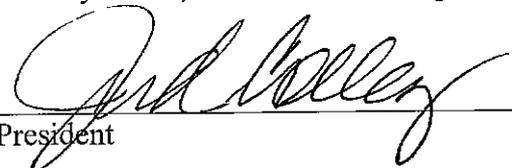
Name of Contact Person at Station: Jud Colley

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.