

7010 1870 0001 6391 2787

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 US

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

Postm
Her/

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.

1. Article Addressed to:

Time Warner
One Time Warner Center
North Tower
New York, NY 10019

2. Article Number
(Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) _____ C. Date of Delivery 9/19/11

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

Sent To mailed 9-14-11

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

To: Time Warner
One Time Warner Center
North Tower
New York, NY 10019

Call Sign: WGSC

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: Murrell's Inlet, South Carolina

Station's DMA Assignment: Charleston, South Carolina

*Carriage Election:

Must Carry X
Retransmission Consent _____

By: *[Signature]*
President

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