U.S. Postal Service IM	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CERTIFIED MAIL RECEIPT		
(Domestic Mail Crify; No insurance Coverage Providence Coverage Pr	 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, 	A. Sophature X Agent Addressee B. Received by (Psinter) C. Date of Delivery
Postage \$	or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from item 1? 🗆 Yes
Certified Fee Postman	Tradition and the second second	If YES, enter delivery address below: No
Return Receipt Fee Here Here Here Restricted Delivery Fee Endorsement Required)	Hory Telephone Comp 3480 Highway 7011	eny
Total Postage & Fees \$	3480 Highway 7014	3. Service Type
Sent To Moule 9-14-11 Street, Apt. No.; or PO Box No.	Conway, SC	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
City, State, ZIP+4	2, Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
'S Form 3800, August 2006 See Reverse for	(Transfer from service label) 7010	1870 0001 6391 2763
To: Hory Telephone Co		tic Return Receipt 102595-02-M-1540
3480 Highway 701N Conway, SC 29528		
Call Sign: WGSC		
Name of Contact Person	at Station: Jud Colley	:
Station Address for Reco	eipt of Official Correspondence: P. O. Pana	Box 9556 ama City, FL 32417
Stations Community of License: Murrell's Inlet, South Carolina		
Station's DMA Assignment: Charleston, South Carolina		
*Carriage Election: Must Car Retransm	ry Xission Consent	
By: President	ully	

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