

UNITED STATES GOVERNMENT
memorandum

DATE:
 REPLY TO
 ATTN OF:
 SUBJECT:
 TO:

DOCKET NO. MM 92-42

ORDER DATED 02/27/92
FCC 92-93
MIMEOGRAPH NO.

**CERTIFIED
 MAIL**

RETURN RECEIPT REQUESTED

NAME: Jack A. Thompson, Jr.
 Radio Station WORL (AM)
 1012 Brookstone Blvd
 Mt. Juliet, In 37122

C. R. R. NO.

BY

FCC Form 55 May 1990

Is your RETURN ADDRESS completed on the reverse side?	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: <i>Jack A. Thompson, Jr. Radio Station WORL (AM) 1012 Brookstone Blvd Mt. Juliet, IN 37122</i>		4a. Article Number <i>97120</i>	
	5. Signature (Addressee) 6. Signature (Agent) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
			7. Date of Delivery <i>3/30</i>	
			8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

OPTIONAL FORM NO. 10
 (REV. 1-80)
 GSA FPMR (41 CFR) 101-11.6
 5010-114