P 180 542 583 239

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to Family Broadcasting, Inc.	
Street & Number P.O. Box 3279	
Post Office, State, & ZIP Code St. Croix, VI 00822	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.52
Postmark or Date	

PS Form 3800, April 1995

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. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Family Broadcasting, Inc.
P.O. Box 3279
St. Croix, VI 00822

4a. Article Number
P-180-542-583

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11/20/96

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 ★U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

DOCKET NO. 96-123

ORDER DATED
1-4-96
FCC 96-11-2
MIMEOGRAPH NO.

CERTIFIED MAIL RETURN RECEIPT REQUESTED

C. R. R. NO.

BY

RECEIVED FCC MAIL SECTION MAY 21 '96 DISPATCHED BY

NAME:
Family Broadcasting, Inc.
P.O. Box 3279
St. Croix, VI 00822

FCC Form 55 May 1990