P 366 605 317 230

US Postal Service
Receipt for Certified Mail 97-122 3/9/98
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to Monticello Mountaintop	
Street & Number 11 Old Tappan Road	
Post Office, State, & ZIP Code Old Tappan, NJ 07675	
Postage	$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.77
Postmark or Date	

PS Form **3800**, April 1995

DOCKET NO. 97-122
P-366 605-317

ORDER DATED 12/09/98
FCC 98M-28
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME Monticello Mountaintop Broadcasting, Inc.
11 Old Tappan Road
Old Tappan, NJ 07675

C. R. R. NO.

BY

FCC Form 55 May 1990

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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: 97-122 3/9/98
Monticello Mountaintop Broadcasting, Inc.
11 Old Tappan Road
Old Tappan, NJ 07675

4a. Article Number
P-366 605-317

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

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature: *(Addressee or 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 1994 Domestic Return Rec