

98-160

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 ECI LICENSE COMPANY, LP
 Station WSKY-FM
 401 City Avenue
 Suite 400
 BALA Cynwyd, PA 19004

4a. Article Number
 P 068702059

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

7. Date of Delivery
 6/1/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

DOCKET NO. MM 98-160

068702059

MAIL SECTION
MAY 25 1 28 PM '99

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

ORDER DATED
MAY 12, 1999
DAJ
FCC 99-966
MIMEOGRAPH NO.

NAME: ECI LICENSE COMPANY, LP C. R. R. NO.

Station WSKY-FM
401 City Avenue Suite 400

BALA Cynwyd, PA 19004 BY.....

FCC Form 55 May 1990