

SENDER COMPLETE THIS SECTION

- 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, or on the front if space permits.

1. Article Addressed to:

11-2101

* 00-129
 Morris Communications Corp.
 Station WIBW-FM
 725 Broad Street
 P.O. Box 936
 Augusta, GA 30903

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

12/10/01

C. Signature

[Handwritten Signature]

- Agent
- Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

002B 8168 5752

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 00-129

ORDER DATED
11-2101
FCC 01-2782
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: Morris Communications Corp. C.R.R. NO.

Augusta, GA 30903

FCC Form 55 May 1990

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	\$4.17

4402B
 CO-129
 DEC 21 01
 Postmark Here

Name (Please Print Clearly) (to be completed by maker)

Morris Communications Corp.
 Street, Apt. No., or PO Box No.
 725 Broad Street
 City, State, ZIP+4
 Augusta, GA 30903

7000 0600 0023 8168 5732