

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: *7/31/02*  
 \* 98-155  
 Chisholm Trail Broadcasting Co., Inc.  
 316 East Willow  
 Enid, OK 73701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery *8-12*  
 C. Signature *Hampton*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

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) *00R3 0771 5956*

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. *98-155*

**CERTIFIED**

**MAIL**

**RETURN**

**RECEIPT**

ORDER DATED *7-31-02*  
 RECEIVED & INSPECTED *DA 02 1817*  
 AUG 13 2002  
 REQUESTED  
 FCC-MAILROOM

NAME: *Chisholm Trail Broadcasting Co.,*

*316 East Willow*

*Enid, OK 73701*

BY .....

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ \_\_\_\_\_



Name (Please Print Clearly) to be completed by mailer: *Chisholm Trail Broadcasting Co.,*  
 Street, Apt. No., or PO Box No. *316 East Willow*  
 City, State, ZIP+4 *Enid, OK 73701*

7000 0600 0023 0771 5956