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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Dan Barnard

B. Date of Delivery 10/28/02

C. Signature X [signature] ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to: 10-16-02

00-69
Ives Broadcasting, Inc.
1491 M-32 West
Alpena, MI 49707

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)*
0023 0771 3709

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

DOCKET NO. 00-69

ORDER DATED
10-16-02
DA 02-2722
~~FCC~~
MIMEOGRAPH NO.

CERTIFIED MAIL RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
OCT 2 2002
FCC-MAILROOM

NAME: Ives Broadcasting, Inc.
1491 M-32 West
Alpena, MI 49707

R. R. No.

BY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 0771 3709

Article Sent To:

Postage	$ .57
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

10-16-02
00-69

Postmark Here

CY-C203

Name *(Please Print Clearly) (to be completed by mailer)*
Ives Broadcasting, Inc.
Street, Apt. No.; or PO Box No.
1491 M-32 West
City, State, ZIP+4
Alpena, MI 49707

PS Form 3800, July 1999 See Reverse for Instructions