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: 10-18-02

01-62
T&W Communications, Inc.
Radio Station WACR
P.O. Box 1078
Columbus, MS 39703

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Edna W. Turner
B. Date of Delivery:
C. Signature: X Edna W. Turner ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

COLUMBUS, MS DOWNTOWN STA. OCT 28 2002

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 3716

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

DOCKET NO. 01-62

ORDER DATED 10-18-02
DA 02-2735
~~FCC~~
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
OCT 23 2002
C. R. R.
FCC - MAILROOM

NAME: T&W Communications, Inc.
Radio Station WACR
P.O. Box 1078
Columbus, MS 39703

BY

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

Article Sent To:

Postage	$ .37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

10-18-02
01-62
Postmark Here

7000 0600 0023 0771 3716

C4-C203

Name (Please Print Clearly) (to be completed by mailer)
T&W Communications, Inc.
Street, Apt. No.; or PO Box No.
P.O. Box 1078
City, State, ZIP+4
Columbus, MS 39703

PS Form 3800, July 1999 See Reverse for Instructions