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: 10-28-02

,* 02-284
Clear Channel Broadcasting
Licenses.Inc.
200 E. Basse Road
San Antonio, TX 78209

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 11/4/02

C. Signature X [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)*
0023 0771 3532

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

DOCKET NO. 02-284

ORDER DATED
10-28-02
FCC 02M-100
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
OCT 31 2002
FCC - MAILROOM

NAME: Clear Channel Broadcasting Licenses, Inc.
200 E. Basse Road
San Antonio, TX 78209

ASTM C. R. R. NO.

7000 0600 0023 0771 3532

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

10-28-02
Postmark Here
HAMPTON PK. UNIT CAPITAL HGTS
OCT 31
MD-USPS-20781

Name (Please Print Clearly) (to be completed by mailer)
Clear Channel Broadcasting Licenses
Street, Apt. No.; or PO Box No.
200 E. Basse Road
City, State, ZIP+4
San Antonio, TX 78209

PS Form 3800, July 1999 See Reverse for Instructions