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: 12-18-02

* 02-198
Monterey Licenses, LLC
David D. Oxenford
Shaw Pittrnan LLP
2300 N Street, N.W.
Washington. DC 20037

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X
☐ Agent
☐ Addressee

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

DEC 30 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 2368

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

DOCKET NO. 02-198

ORDER DATED
12-18-02
DA 02-2506
FCC
MIMEOGRAPH NO.

DEC 16 2002

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

C. R. R. NO.

NAME: Monterey Licenses. LLC
David D. Oxenford
Shaw Pittman LLP
2300 N Street, N.W.
Washington, DC 20037

☐Y

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

7000 0600 0023 0771 2368

Article Sent To:

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

12-18-02
02-198
Postmark Here

CY-C203

Name (Please Print Clearly) (to be completed by mailer)
MONTEREY LICENSES, LLC
Street, Apt. No.; or PO Box No.
2300 N STREET, N.W.
City, State, ZIP+4
WASHINGTON DC 20037

PS Form 3800, July 1999 See Reverse for Instructions.