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: 7/17/02

99-196
Radiocorp of Jackson, Inc
2 O Box 198
Brownsville, TN 38012

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Leigh B. Turnage
B. Date of Delivery: 8-22-02
C. Signature: X Leigh B. Turnage ☐ 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 5987

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

DOCKET NO. 99-196

ORDER DATED 7-17-02

FCC DA 02-1813

MIMEOGRAPH NO.

CERTIFIED MAIL RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
AUG 13 2002
FCC - MAIL ROOM

NAME: Radiocorp of Jackson, Inc

P.O. Box 198
Brownsville, TN 38012

BY

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

7000 0600 0023 0771 5987

Article Sent To:

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

Postmark Here: HAMPTON PK FIN CAPITAL HGTS MD AUG 14 2002 USPS 20791

99-196 7-17-02

Name (Please Print Clearly) (to be completed by mailer): Radiocorp of Jackson, Inc.
Street, Apt. No.; or PO Box No.: PO Box 198
City, State, ZIP+4: Brownsville, TN 38012

PS Form 3800, July 1999 See Reverse for Instructions