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: 10-23-02

* RM-10592
Entercom Greensboro License, LLC
401 City Avenue
Suite 409
Bala Cynwyd, PA 19004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery 11/12/02

C. Signature
X Eilar Yehuns ☐ 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)
a323 0771 3440

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

DOCKET NO. RM-10592

ORDER DATED
10-23-02
DA 02-2819
FEE
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
NOV - 7 2002
FCC - MAILROOM

NAME: ENTERCOM GREENSBORO LICENSE, LLC
401 City AVENUE
Suite 409
BALA Cynwyd, PA 19004

BY

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

7000 0600 0023 0771 3440

Article Sent To:

Postage	$ .37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

HAMPTON PK FIN UNIT CAPITAL HGTS MD-USPS-20791 NOV 2002 Postmark Here
10-23-02 RM-10592
C4-C203

Name (Please Print Clearly) (to be completed by mailer)
ENTERCOM GREENSBORO LICENSE, LLC
Street, Apt. No.; or PO Box No.
401 City AVENUE Suite 409
City, State, ZIP+4
BALA CYNWYD PA 19004

PS Form 3800, July 1999 See Reverse for Instructions