

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 11-27-02
 * 02-367
 Radio Multrie, Inc
 1151 Hendricks Street
 Covington, GA 30209

Refused

COMPLETE THIS SECTION ON DELIVERY

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

C 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 2702

DOCKET NO. 02-367

CERTIFIED MAIL

ORDER DATED
11-27-02
 FCC 02-367
 MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Radio Multrie, Inc
 1151 Hendricks Street
 Covington, GA 30209

C. R. R. NO.

BY

7000 0600 0023 0771 2702

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

Article Sent To: _____

Postage	\$ <u>1.60</u>	Postmark Here <u>11-27-02</u> <u>02-367</u>
Certified Fee	<u>2.30</u>	
Return Receipt Fee (Endorsement Required)	<u>1.75</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>4.65</u>	

Name (Please Print Clearly) (to be completed by mailer)
Radio Multrie, Inc
 Street Apt No or PO Box No
1151 Hendricks Street
 City, State ZIP-4
Covington, GA 30209

PS Form 3800, July 1999 See Reverse for Instructions