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

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly)

B Date of Delivery 5/2/03

C Signature X [signature] ☐ Agent ☐ Addressee

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

1 Article Addressed to 5-5-03

* 02-12
Route 66 Broadcasting, L L C
812 East Beale St
Kingman, AZ 86401

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)
0023-0771-1606

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

DOCKET NO. MM02-12

ORDER DATED 5-5-03
DA 03-1476
MIMEOGRAPH NO.

CERTIFIED MAIL RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
MAY 09 2003
FCC - MAILROOM

NAME: * 02-12
Route 66 Broadcasting, L L C
812 East Beale St
Kingman, AZ 86401

C. R. R. NO.

Y

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

7000 0600 0023 0771 1606

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 [illegible]

5-5-03
02-12
Postmark Here
CYC203

Name (Please Print Clearly) (to be completed by mailer)
Route 66 Broadcasting LLC
Street, Apt. No., or PO Box No.
812 East Beale St.
City, State, ZIP+4
Kingman Arizona 86401

PS Form 3800, July 1999 See Reverse for Instructions