DOCKET NO. RM-11031

Cy C 303

ORDER DATED 8/12/04

~~FCC~~ DA 04-2506

MIMEOGRAPH NO.

CERTIFIED MAIL

RECEIVED & INSPECTED AUG 17 2004 FCC MAILROOM

RETURN RECEIPT REQUESTED

* RM-11031

NAME: Citadel Broadcasting Company
Licensee of Station KATT-FM
City Center West, Suite400
7201 W. Lake Mead Blvd.
Las Vegas, NV 89128

C. R. R. NO.

CITY

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

7002 0510 0003 8378 8273

Postage	$ .38
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

Postmark Here: AUG 16 2004

Sent To: Citadel Broadcasting Co.
Street, Apt. No.; or PO Box No.: 7201-W. Lake Mead Blvd
City, State, ZIP+4: LAS. VEGAS NV 89128

PS Form 3800, January 2001 — See Reverse for Instructions

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:
* RM-11031
Citadel Broadcasting Company
Licensee of Station KATT-FM
City Center West, Suite400
7201 W. Lake Mead Blvd.
Las Vegas, NV 89128

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): S Maxul
B. Date of Delivery
C. Signature: X Sam Maxul ☐ 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) 7002 0510 0003 8378 8273

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952