DOCKET NO. RM-11064

Cyc 203

ORDER DATED 8/27/04

DA FCC 2669

MIMEOGRAPH NO.

CERTIFIED MAIL

AUG 31 2004

RETURN REQUESTED

NAME: * RM-11064
Clear Channel Broadcasting Licenses, Inc.
Licensee Staion KMOD-FM
2625 South Memorial Drive
Suite A
Tulsa, OK 74129

C. R. R. NO. .....

BY .....

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

7002 0510 0003 8378 8174

Postage	$ .37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.52

Postmark Here: Cyc 203

Sent To: Clear Channel Broadcasting
Street, Apt. No.; or PO Box No. 2625 S. Memorial Dr (A)
City, State, ZIP+4 Tulsa OK 74129

PS Form 3800, January 2000 — 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-11064
   Clear Channel Broadcasting Licenses, Inc.
   Licensee Staion KMOD-FM
   2625 South Memorial Drive
   Suite A
   Tulsa, OK 74129

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
B L Reeder 9/3

C. Signature
X B L REEDER ☐ 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 8174

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