DOCKET NO. Rm-11029

Cy/e 203

ORDER DATED
8/12/04
FCC DA 04-2504
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RECEIVED & INSPECTED
AUG 17 2004
FCC-MAILROOM

NAME: * RM-11029
Christopher L. Robbins
Counsel
Clear Channel Broadcasting Licensees
1776 K Street, N.W.
Washington, DC 20006

C. R. R. NO.

BY

7002 0510 0003 8378 8280

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

Postage	$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

Postmark Here

HAMPTON PRIN UNIT CAPITAL HGTS AUG 18 2004 Cy/e 203 MD 20791

Sent To: Christopher L. Robbins
Street, Apt. No.; or PO Box No. 1776 K St N.W.
City, State, ZIP+4 Washington DC 20006

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.

* RM-11031
Christopher L. Robbins
Counsel
Wiley, Rein & Fielding
1776 K Street, N.W.
Washington, DC 20006

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery AUG 19

C. Signature
X [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)*
7002 0510 0003 8378 8280

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952