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-11075
Marissa G. Repp, Esq.
Counsel, Clear Channel
Broadcasting
Hogan & Hartson LLP
555 13th Street N.W.
Washington, DC 20004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) CHONA ARTON

B. Date of Delivery 9/28/00

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 8112

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