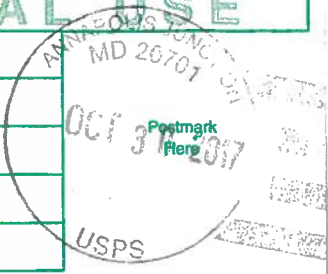


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Sent To Ms. Sylvia Johnson
 Street, Apt. No., or PO Box No. 539 Fred Gamble Way
 City, State, ZIP+4 Ormond Beach, FL 32174

PS Form 3800, June 2002 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.

Article Addressed to:
Ms. Sylvia Johnson
Ormond Beach Broadcasting
Association
39 Fred Gamble Way
Ormond Beach, FL 32174

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee
 B. Received by (Printed Name) George L. Wilson Sr. C. Date of Delivery _____
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) 7004 1160 0000 2622 9280

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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