



### CONVERSATION RECORD

|  |                   |                  |   |
|--|-------------------|------------------|---|
| NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU |                   | DATE OF CONTACT  | TYPE OF CONVERSATION<br><input type="checkbox"/> E-MAIL<br><input type="checkbox"/> TELEPHONE<br><input type="checkbox"/> INCOMING<br><input type="checkbox"/> OUTGOING |
| E-MAIL ADDRESS                                     |                   | TELEPHONE NUMBER |   |
| ORGANIZATION                                       | DOCKET NUMBER(S)  |                  |   |
| LICENSE NUMBER(S)                                  | CONTROL NUMBER(S) |                  |   |
| SUBJECT  |                   |                  |   |
| SUMMARY  |                   |                  |   |
| <b>Continue on Page 2</b>                          |                   |                  |   |
| ACTION REQUIRED (IF ANY)                           |                   |                  |   |
| <b>Continue on Page 3</b>                          |                   |                  |   |
| NAME OF PERSON DOCUMENTING CONVERSATION            |                   |                  |   |
| SIGNATURE<br><i>Christian Jacobs</i>               |                   |                  |   |

**CONVERSATION RECORD (continued)**

SUMMARY: (Continued from page 1)

**CONVERSATION RECORD (continued)**

ACTION REQUIRED (Continued from page 1)