



WJAR • PROVIDENCE/NEW BEDFORD

A M E D I A G E N E R A L S T A T I O N

August 13, 2014

**VIA CERTIFIED U.S. MAIL
RETURN RECEIPT REQUESTED**

Thames Valley Communications
295 Meridian Street
Groton, CT 06340

Re: 2015-2017 Three-Year Election for Retransmission Consent

Dear Sir or Madam:

In accordance with Section 76.64 of the Rules of the Federal Communications Commission (“FCC”), this is to notify you that Station WJAR-TV, Providence, Rhode Island (the “Station”) elects to require Thames Valley Communications, which serves the community(ies) and/or county(ies) and unincorporated areas within those community(ies) and county(ies) listed on the enclosed 2015-2017 Retransmission Consent Election Statement, to obtain the consent of the Station for retransmission of its broadcast signal effective January 1, 2015, through December 31, 2017. Consent of the Station for retransmission of its signal will be required for, but not limited to, the system(s) serving the community(ies) and county(ies) listed on the enclosed Election Statement.

If you already have a retransmission consent agreement with the Station or with Media General, Inc. or a subsidiary thereof (including, without limitation, Young Broadcasting LLC or a subsidiary thereof) (collectively, “Media General”) that covers the Station for all or a portion of the January 1, 2015, through December 31, 2017, cycle, then the terms of that agreement will govern for the period specified in the agreement. If such an agreement expires prior to December 31, 2017, then it will be necessary for you to negotiate for retransmission consent following that expiration. In addition, if any retransmission consent agreement between you and the Station or Media General contains an automatic renewal provision, then this letter shall also serve as notice of termination of that agreement, and it will be necessary for the system(s) to negotiate for retransmission consent following expiration of the current term of that agreement.

We will send you an agreement at the appropriate time in advance of the expiration of the current agreement.

Sincerely,

Vic Vetter

Vice President & General Manager

Enclosure

cc: Public File



WJAR • PROVIDENCE/NEW BEDFORD

A M E D I A G E N E R A L S T A T I O N

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WJAR-TV

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by Media General Operations, Inc, licensee of Station WJAR-TV, Providence, Rhode Island (the "Station"), to require Thames Valley Communications to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

New London, CT and New London County, CT and any other areas in the station's DMA.

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on August 13, 2014 to the following cable system(s):

Thames Valley Communications
295 Meridian Street
Groton, CT 06340

Station: WJAR-TV

Date: 8/12, 2014

By: Vic Vetter
Vic Vetter
Vice President & General Manager

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:

THAMES Valley Communications
 895 MERIDIAN STREET
 GROTON, CT. 06340

2. Article Number
 (Transfer from service label)

7012 3460 0002 4616 0462

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Address
- B. Received by (Printed Name) *MISSY KATHEW* 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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

For delivery information visit our website at www.usps.com

GROTON CT 06340

Postage	\$	\$0.49
Certified Fee	\$	\$3.30
Return Receipt Fee (Endorsement Required)	\$	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$6.49



2950 9194 2000 0916 2102

Sent to THAMES Valley Communications
 Street, Apt. No.: 895 MERIDIAN STREET
 or PO Box No.:
 City, State, ZIP+4 GROTON CT, 06340

PS Form 3800, August 2006 See Reverse for Instructions