

CABLE ELECTION NOTICE

CALL LETTERS	COMMUNITY OF LICENSE	DMA TO WHICH NIELSEN MEDIA RESEARCH ASSIGNED STATION IN 2009-10 NSI
WDAF-TV	KANSAS CITY, MISSOURI	KANSAS CITY
DTV CHANNEL (OVER THE AIR)	PRIMARY CHANNEL (VIRTUAL CHANNEL, E.G., 15.1)	LICENSEE NAME
34	4.1	WDAF LICENSEE, INC.

This Cable Election Notice is sent this 26th day of August, 2011 via Certified Mail/Return Receipt Requested (Receipt Number 7010 1670 0002 1194 8012) to the following:

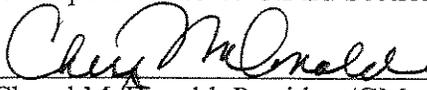
Operator: Windjammer Communications
 Address: 4400 PGA Blvd, Suite 902
 Palm Beach Gardens, FL
 33410

With respect to all communities within the Station's "television market" (as defined in 47 C.F.R. § 76.55(e)) served by cable systems owned or managed by your company (including those listed in our current retransmission consent agreement and including those listed EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects retransmission consent status for the primary video stream of the Station's digital signal.

Further, we hereby notify you of our election not to renew, extend, or roll-over the term of any of retransmission consent agreement that may be in place between our companies at this time. For further information or to request consent to the retransmission of any program stream to which a "must-carry" election does not apply, please contact:

Name: Cheryl McDonald
 Address: WDAF-TV
 3030 Summit Street
 Kansas City, Missouri 64108
 Phone: (816) 753-4567
 Email: cheryl.mcdonald@wdaftv4.com

The Licensee provides this Election Notice pursuant to 47 C.F.R. Section 76.64.

Signature: 
 Name/Title: Cheryl McDonald, President/GM

CABLE ELECTION NOTICE

Exhibit A

CALL LETTERS	COMMUNITY OF LICENSE	LICENSEE
WDAF	Kansas City	WDAF Licensee, Inc.

Communities in the Station's television market that are covered by the Cable Election Notice to which this Exhibit A is attached:

Chillicothe

Marshall



WDAF-TV • KANSAS CITY

3030 Summit Kansas City, MO 64108 • (816) 753-4567 • myfoxkc.com



7010 1670 0002 1154 8012



021P
\$005.59
073171724 AUG 26 2011
MAILED FROM ZIP CODE 64108

Windammer Communications
Maurice Xion, GM
4400 PGA Blvd. Suite 902
Palm Beach Gardens, FL 33410

NINTE 334 CE 1 US 08700711

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 6410800009 *0128-03010-25-42

334108000091000000



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Daniel M. Baller</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Windjammer Communications Maurice Zion, GM 4400 PGA Blvd Suite 902 Palm Beach Gardens, FL 33410</p> <p><i>8500 W 110th St, Suite 600 OP, KS 662</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>St, Suite 600 0</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7010 1670 0002 1194 8012</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Kerry Longwell</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Kerry Longwell</i> <i>9-14-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>WINDJAMMER 8500 W. 110TH STREET SUITE 600 OVERLAND PARK, KSS 66210</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7010 1670 0002 1194 8050</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7010 1670 0002 1194 8050

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

*Wendy
Spence
at 11/3/14*

Sent To _____
 Street, Apt. No.,
 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2005 See Reverse for Instructions

7010 1670 0002 1194 8012

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CERTIFIED MAIL RECEIPT
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For delivery information, visit our website at www.usps.com

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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To _____
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 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2005 See Reverse for Instructions