

## 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 26<sup>th</sup> 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 1144 8012



\$005.590

02:1P  
07/31/17 24 AUG 26 2011

MAILED FROM ZIP CODE 64108

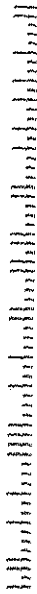
Windammer Communications  
Maurice Xion, GM  
4400 PGA Blvd. Suite 902  
Palm Beach Gardens, FL 33410

WIXTE 334 CE 1 08 08/30/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

EC: 64108330099 \*0128-03010-25-42

33410833009916072



**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:

Windjammer Communications  
Maurice Zion, GM  
4400 PGA Blvd Suite 902 *8500 W 110th St, Suite 600*  
Palm Beach Gardens, FL 33410 *OP, KS 662*

2. Article Number

(Transfer from service label)

7010 1670 0002 1194 8012

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Daniel M. Buller* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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**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:

WINDJAMMER  
8500 W. 110<sup>TH</sup> STREET  
SUITE 600  
OVERLAND PARK, KSS 66210

2. Article Number

(Transfer from service label)

7010 1670 0002 1194 8050

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-164

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Kerry Longwell* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7010 1670 0002 1194 8050

U.S. Postal Service <sup>TM</sup>	
CERTIFIED MAIL <sup>TM</sup> RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2005	
See Reverse for Instructions	

*Wendy  
Spence  
att  
9/13/11*

7010 1670 0002 1194 8012

U.S. Postal Service <sup>TM</sup>	
CERTIFIED MAIL <sup>TM</sup> RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2005	
See Reverse for Instructions	