

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, I.E., 15.1)	LICENSEE NAME
34	4.1	WDAF LICENSEE, INC.

This Cable Election Notice is sent this 24th day of August, 2011 via Certified Mail/Return Receipt Requested (Receipt Number 7010 1670 0002 1194 7954) to the following:

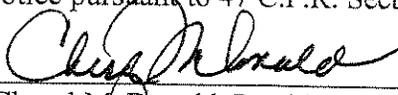
Operator: Surewest Broadband
 Address: 8150 Industrial Avenue
 Roseville, CA
 95678

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:

Lenexa

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:

Surewest Broadband
 Attn: Jaime Montes
 8150 Industrial Avenue
 Roseville, CA 95678

2. Article Number

(Transfer from service label)

7010 1670 0002 1194 7954

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) 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

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

OFFICIAL USE

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

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

Postmark Here

Sent to: _____
 Street, Apt. No., or P.O. Box No. _____
 City, State, Zip+4 _____
 See Reverse for Instructions