

TRIBUNE
BROADCASTING
435 N Michigan Avenue – Chicago, IL - 60611

September 29, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

GENERAL COUNSEL
TIME WARNER
550 N CONTINENTAL BLVD, STE 250
EL SEGUNDO, CA 90245

System: LA NORTH ADELPHIA
Re: Election of Retransmission Consent Status for KTLA(TV)

Dear Ladies and Gentlemen,

KTLA INC. ("Licensee"), licensee of television station KTLA(TV), LOS ANGELES, CA (the "Station"), located in the LOS ANGELES DMA, hereby gives notice to TIME WARNER that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Licensee elects to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on cable systems only if we have provided our express written consent. This election applies to the cable system(s) identified above as well as any other cable system(s) or other video distribution system(s) that you own, operate, or manage. Accordingly, none of the system(s) identified above, nor any other system(s) owned or controlled by you, in our television market or elsewhere, may retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Licensee's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

Our contact person for retransmission matters is Kevin Connor who can be reached via email at kconnor@tribunemedia.com or via phone at 212-210-5927.

Very truly yours,



Dana Zimmer
President
Tower Distribution Co.

cc: Public Inspection Files

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GENERAL COUNSEL
 TIME WARNER
 550 N CONTINENTAL BLVD, STE 250
 EL SEGUNDO, CA 90245

PS Form 3800, July 2014 See Reverse for Instructions

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>X</p>	
<p>1. Article Addressed to:</p> <p>GENERAL COUNSEL TIME WARNER 550 N CONTINENTAL BLVD, STE 250 EL SEGUNDO, CA 90245</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7014 1820 0001 3467 4424</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			