

HEARST
television

July 9, 2018

Via Certified U.S. Mail, Return Receipt Requested

Ms. Kathleen Goodloe
Programming Director
Optical Telecommunications Inc.
20804 West Pennsylvania Ave
Dunnellon, FL 34431

Re: Retransmission Consent Election for Station WESH(TV)

Dear Ms. Goodloe:

We are in receipt of your letter dated June 7, 2018 but which was received on June 15, 2018, announcing the intention of Optical Telecommunications Inc. ("Optical Tel") to commence cable television service in the Orlando-Dayton Beach-Melbourne DMA. Hearst Properties Inc. is the licensee of WESH(TV), Daytona Beach, FL (the "Station") in the Orlando-Dayton Beach-Melbourne DMA. To the extent Optical Tel commences operation of a new cable system in the Orlando-Dayton Beach-Melbourne DMA, Hearst Properties Inc. hereby elects, pursuant to 47 C.F.R. § 76.64, retransmission consent for the Station with respect to all Optical Tel systems in the Orlando-Dayton Beach-Melbourne DMA for the election cycle commencing January 1, 2018, and terminating December 31, 2020.

Please contact the Station's President and General Manager, John Soapes, when Optical Tel would like to begin discussions of the terms and conditions for a carriage agreement for the Station. In the meantime, if you have any questions, please do not hesitate to contact me.

Sincerely,



Nicholas Radziul
Vice President, Distribution

cc: Station Public Inspection File

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:

Ms. Kathleen Goodloe
 Programming Director
 Optical Telecommunications Inc
 20804 West Pennsylvania Ave
 Dunnellon, FL 34431

2. Article Number

(Transfer from service label)

7005 1820 0002 9885 4481

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

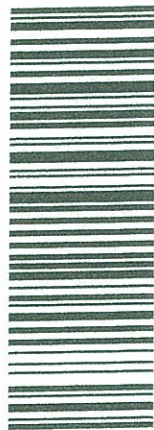
C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7005 1820 0002 9885 4481
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U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

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

Postmark Here

Sent To Ms. Kathleen Goodloe
Programming Director
 Street, Apt. No. or PO Box No. Optical Telecommunications Inc
20804 West Pennsylvania Ave
 City, State, ZIP+4 Dunnellon, FL 34431

PS Form 3800, June 2002

See Reverse for Instructions