

September 26, 2014

**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

General Manager  
VTX Communications  
HE Location: Dilley  
1489 W. FM 117  
Dilley, TX 78017

**Re: Election of Must Carry Status**

Dear Sir or Madam:

SATV, LLC., licensee of television station KYVV-DT, San Antonio, TX (the "Station"), located in the SAN ANTONIO DMA, hereby gives notice to VTX Communications pursuant to Section 76.64(f) of the FCC's rules, this is to notify you of our election of must carry with respect to your cable system in this market for the election period commencing January 1, 2015 to December 31, 2017.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (210) 841-5710. Our partnerships with you is very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Call sign of the station electing must carry:

Station KYVV-DT

Community of license of the station electing must carry:

Del Rio, TX

Name and official mailing address of the television licensee electing must carry:

SATV, LLC

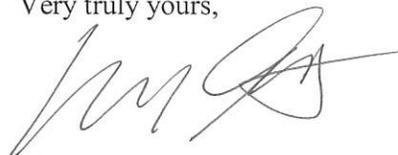
3680 South Maryland Parkway #102

Las Vegas, Nevada 89169

Contact person for the station electing must carry:

Ulysses Arrigoitia (210) 841-5710

Very truly yours,



Ulysses Arrigoitia  
Vice President and General Manager

**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:

General Manager  
 VTX Communications  
 HE Location: Dilley  
 1489 W. FM 117  
 Dilley, TX 78017

2. Article Number  
 (Transfer from service label)

7010 1670 0001 0300 1818

PS Form 3811, July 2013

Domestic Return Receipt

**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®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

7010 1670 0001 0300 1818

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

Postmark  
Here

Sent To General Manager  
 VTX Communications  
 Street, or PO I HE Location: Dilley  
 City, St 1489 W. FM 117  
 Dilley, TX 78017

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PS Form 3800, August 2009