

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

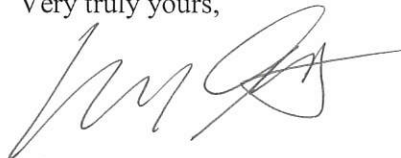
3680 South Maryland Parkway #102

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total f

Postmark
Here

Sent To

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

Street,
or PO I
City, St

PS Form 3800, August 2000

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