



**David G. O'Neil**  
Rini O'Neil, PC  
Direct Dial: 202.955.3931  
E-mail: doneil@rinioneil.com

September 28, 2017

**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

DIRECTV, LLC  
Local-Into-Local  
2260 East Imperial Hwy.  
El Segundo, CA 90245  
Attn: Vice President, Content & Programming

**Re: Election of Must Carry-Status**

Dear Sir or Madam:

Please be advised that, pursuant to Section 76.66 of the rules of the Federal Communications Commission (FCC), SATV10, LLC, licensee of television station KYVV-DT, San Antonio, TX (the "Station"), located in the SAN ANTONIO DMA, hereby gives notice DirectTV, LLC of their election of must carry status with respect to your cable system in this market for the period commencing January 1, 2018 through December 31, 2020.

Pursuant to Section 76.57(d) of the Commission's Rules, KYVV elects continued carriage on the same cable channel the Station was carried on during the 2015-2017 period. If necessary, we are prepared to discuss with you another mutually-acceptable channel position.

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:

SATV10, LLC  
3680 South Maryland Parkway, #102  
Las Vegas, NV 89169

1200 New Hampshire Ave., NW | Suite 600 | Washington, DC 20036  
Voice: 202.296.2007 | Fax: 202.296.2014  
[www.rinioneil.com](http://www.rinioneil.com) | [www.telecommunicationslaw.com](http://www.telecommunicationslaw.com)

Contact person for the station electing must carry:

Ricardo Reyna  
775-382-2757

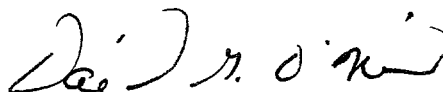
Copies of any correspondence, notices and other communications should be sent to the following:

Randy E. Nonberg  
President  
CNZ Communications, LLC  
15200 Sunset Boulevard  
Suite 202  
Pacific Palisades, CA 90272  
310.573-1600  
**randynonberg@cnzcommunications.com**

You may receive more than one copy of this letter in our effort to ensure that this letter reaches the appropriate party at your cable system.

If you have any questions concerning this election please do not hesitate to contact me at (202) 955-3931. Our partnership with you is very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Sincerely,



David G. O'Neil  
Counsel for SATV10, LLC

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

DIRECTV, LLC  
Local-Into-Local  
2260 East Imperial Hwy.  
El Segundo, CA 90245  
Attn: Vice President, Content & Programming



9590 9402 3244 7196 2713 90

2. Article Number (Transfer from service label)

7017 1000 0000 4505 8659

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
☐ Addressee  
**X**
- 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
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

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

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- |   |    |
|---|----|
| <input type="checkbox"/> Return Receipt (hardcopy)          | \$ |
| <input type="checkbox"/> Return Receipt (electronic)        | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |

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DIRECTV, LLC  
Local-Into-Local  
2260 East Imperial Hwy.  
El Segundo, CA 90245  
Attn: Vice President, Content & Programming

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



**David G. O'Neil**  
Rini O'Neil, PC  
Direct Dial: 202.955.3931  
E-mail: [doneil@rinioneil.com](mailto:doneil@rinioneil.com)

September 28, 2017

**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Dish Network L.L.C.  
9601 S. Meridian Boulevard  
Englewood, CO 80112  
Attn: Office of the General Counsel

**Re: Election of Must Carry-Status**

Dear Sir or Madam:

Please be advised that, pursuant to Section 76.66 of the rules of the Federal Communications Commission (FCC), SATV10, LLC, licensee of television station KYVV-DT, San Antonio, TX (the "Station"), located in the SAN ANTONIO DMA, hereby gives notice Dish Network L.L.C. of their election of must carry status with respect to your cable system in this market for the period commencing January 1, 2018 through December 31, 2020.

Pursuant to Section 76.57(d) of the Commission's Rules, KYVV elects continued carriage on the same cable channel the Station was carried on during the 2015-2017 period. If necessary, we are prepared to discuss with you another mutually-acceptable channel position.

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SATV10, LLC  
3680 South Maryland Parkway, #102  
Las Vegas, NV 89169

1200 New Hampshire Ave., NW | Suite 600 | Washington, DC 20036  
Voice: 202.296.2007 | Fax: 202.296.2014  
[www.rinioneil.com](http://www.rinioneil.com) | [www.telecommunicationslaw.com](http://www.telecommunicationslaw.com)

Contact person for the station electing must carry:

Ricardo Reyna  
775-382-2757

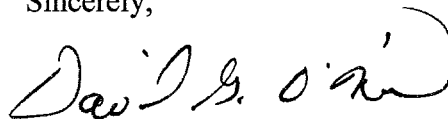
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CNZ Communications, LLC  
15200 Sunset Boulevard  
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Pacific Palisades, CA 90272  
310.573-1600  
[randynonberg@cnzcommunications.com](mailto:randynonberg@cnzcommunications.com)

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Sincerely,



David G. O'Neil  
Counsel for SATV10, LLC

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Addressee

Dish Network L.L.C.  
9601 S. Meridian Boulevard  
Englewood, CO 80112  
Attn: Office of the General Counsel



9590 9402 3244 7196 2713 83

7017 1000 0000 4505 7874

PS Form 3811, July 2015 PSN 7530-02-000-9053

## 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

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

- |   |    |
|---|----|
| <input type="checkbox"/> Return Receipt (hardcopy)          | \$ |
| <input type="checkbox"/> Return Receipt (electronic)        | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Sign                         |    |
| <input type="checkbox"/> Adult Sign                         |    |

 Postmark  
Here

Postage

\$

Total Postage:

\$

Sent To

Street and

City, State,

Dish Network L.L.C.  
9601 S. Meridian Boulevard  
Englewood, CO 80112  
Attn: Office of the General Counsel

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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