



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 | 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®.

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 | \$ _____ |

Postmark
Here

For
 \$
 Total
 \$
 Street
 City

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

7017 1000 0000 4505 8659



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

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.

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 | 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.

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Sincerely,



David G. O'Neil
Counsel for SATV10, LLC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>1. Complete items 1, 2, and 3. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece.</p> <p>1. Dish Network L.L.C. 9601 S. Meridian Boulevard Englewood, CO 80112 Attn: Office of the General Counsel</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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>9590 9402 3244 7196 2713 83</p> <p>7017 1000 0000 4505 7874</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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)	
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<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Sign</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Sign</td> <td>\$ _____</td> </tr> </table> <p>Postage \$ _____</p> <p>Total Postage: \$ _____</p> <p>Sent To _____</p> <p>Street and _____</p> <p>City, State _____</p>	<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	\$ _____	<p>Postmark Here</p>
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____										
<input type="checkbox"/> Adult Sign	\$ _____										
<input type="checkbox"/> Adult Sign	\$ _____										

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

7017 1000 0000 4505 7874