

September 26, 2014

**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

General Manager/Office Manager  
MW1 CABLESYSTEMS INC  
USA CABLESYSTEMS INC  
Community ID: TX1749  
35 INDUSTRIAL DRIVE  
Martinsville, IN 46151

**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 MW1 CABLESYSTEMS INC 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

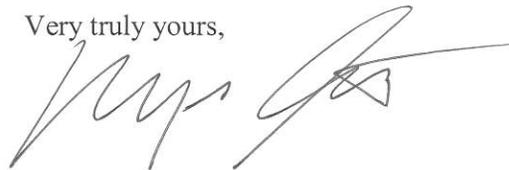
3680 South Maryland Parkway #102

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager MW1 CABLESYSTEMS INC USA CABLESYSTEMS INC 35 INDUSTRIAL DRIVE Martinsville, IN 46151</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>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1670 0001 0300 0088</p>
<p>PS Form 3811, July 2013 <span style="margin-left: 200px;">Domestic Return Receipt</span></p>	

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Restricted Delivery Fee (Endorsement Required)	
Total Price	

*Sent To* General Manager/Office Manager

*Street, A or PO Box* MW1 CABLESYSTEMS INC

*City, State* USA CABLESYSTEMS INC

35 INDUSTRIAL DRIVE

Martinsville, IN 46151

PS Form 3811, July 2013 Instructions

7010 1670 0001 0300 0088