



David G. O'Neil
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September 25, 2017

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
REGIONAL CABLE TV (USA) INC
Community ID: TX1710
68 South Park Blvd
Greenwood, IN 46143

Re: Election of Must Carry-Status

Dear Sir or Madam:

Please be advised that, pursuant to Section 76.64(f) 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 to Regional Cable TV (USA), Inc. 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

Contact person for the station electing must carry:

Ricardo Reyna
775-382-2757

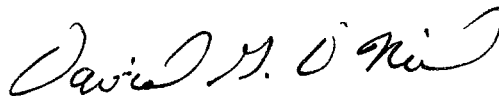
Copies of any correspondence, notices and other communications should be sent to the following:

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.

General Manager/Office Manager
REGIONAL CABLE TV (USA) INC
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Greenwood, IN 46143



9590 9402 3244 7196 2525 73

2. Article Number (Transfer from service label)

7013 3020 0000 7246 5491

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) | |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL™



7013 3020 0000 7246 5491
 7013 3020 0000 7246 5491

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)Postmark
Here

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See Reverse for Instructions