



Sept 17, 2014

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Charleston Plantation
90 Adelaide Street
Crossville, TN 38555

**Re: 2015-2017 Three-Year Election for Mandatory Carriage ("Must Carry") and
Channel Position**

Dear Sir or Madam:

In accordance with Section 76.64 of the Rules of the Federal Communications Commission ("FCC"), this is to notify you that Station WKNX, Knoxville, TN (the "Station") elects to require Charleston Plantation, which serves the community(ies) and/or county(ies) and unincorporated areas within those community(ies) and county(ies) listed on the enclosed election statement, to carry the Station, effective January 1, 2015, through December 31, 2017, pursuant to the FCC's "must carry" rules and, pursuant to Section 76.57 of the FCC's Rules, to carry the Station on Channel 7.

A copy of the Station's 2015-2017 Must Carry and Channel Position Election Statement is enclosed.

Sincerely,

Enclosure

cc: Public File


Gerald Walsh, Vice President

Corporate Office

220 Saffers Creek Rd. Hampton, VA 23661
p 757.722.9736 f 757.726.0196

Lockwood Broadcast Group
www.lockwoodbroadcast.com

Broadcast Operations

3914 Wistar Road Richmond, VA 23228
p 804.672.6565 f 804.672.6571

2015-2017 CABLE MUST CARRY AND CHANNEL POSITION ELECTION STATEMENT
FOR STATION WKNX

This statement constitutes the election for the three-year period beginning January 1, 2015, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WMAK TV, LLC licensee of Station WKNX, Knoxville, TN (the "Station"), to Charleston Plantation, whose cable television system(s) serve the community(ies) and county(ies) and unincorporated areas within those community(ies) and county(ies) listed below to carry the station pursuant to the FCC's "must carry" rules and, pursuant to Section 76.57 of the FCC's Rules, to carry the Station on Channel 7:

Charleston Plantation

This election is effective for the period beginning January 1, 2015, and terminating December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on September 17, 2014 to the following cable system(s):

Charleston Plantation
90 Adelaide Street
Crossville, TN 38555

Station: WKNX

Date: September 17, 2014

By:


Gerald Walsh, Vice President

Charleston Plantation
90 Adelaide Street
Crossville, TN 38555

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Charleston Plantation 90 Adelaide Street Crossville, TN 38555</p>	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7010 3090 0000 5400 6997	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

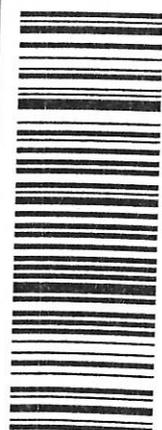
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Charleston Plantation
 Street, Apt. No., or PO Box No. 90 Adelaide St
 City, State, ZIP+4 Crossville, TN 38555

PS Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™



7010 3090 0000 5400 6997
7010 3090 0000 5400 6997