



June 30, 2014

Certified Mail, Return Receipt Requested

Ms. Jennifer Rise
Director of Finance
702 Communications
702 Main Avenue
Moorhead, MN 56560

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

U.S. Postal Service™
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OFFICIAL USE

7007 3020 0001 4707 9874

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Pos

Sent To

Street, Apt.
or PO Box
City, State,

Ms. Jennifer Rise
 Director of Finance
 702 Communications
 702 Main Avenue
 Moorhead, MN 56560

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Ms. Jennifer Rise
 Director of Finance
 702 Communications
 702 Main Avenue
 Moorhead, MN 56560

2. Article Number

(Transfer from service label)

7007 3020 0001 4707 9874

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

7-2-14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

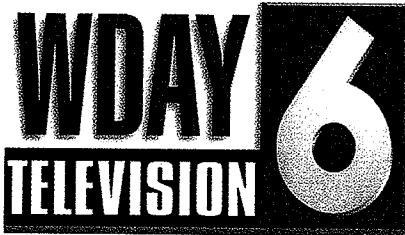
☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Frank Beaver
Bagley Public Utilities
P.O. Box M
Bagley, MN 56621

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects "retransmission consent" status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long, sweeping line extending from the end.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

BOX 2466 FARGO, NORTH DAKOTA 58108 (701) 237-6500 FAX (701) 241-5368

WEBSITE: www.wday.com

A Division of Forum Communications Company

U.S. Postal Service™

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OFFICIAL USE

7007 3020 0001 4707 9881

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		
Sent To Street, Apt. or PO Box City, State,		
Mr. Frank Beaver Bagley Public Utilities P.O. Box M Bagley, MN 56621		

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mr. Frank Beaver
 Bagley Public Utilities
 P.O. Box M
 Bagley, MN 56621

2. Article Number

(Transfer from service label)

7007 3020 0001 4707 9881

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Faye Jacobs*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

FAYE JACOBS

C. Date of Delivery

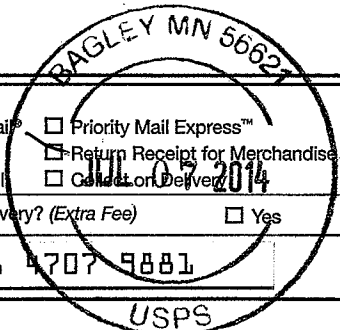
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

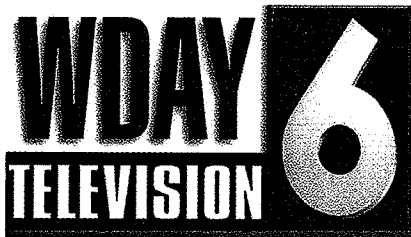
3. Service Type

☒ Certified Mail ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collection Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes





June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Guy Swenson
T.E.C. Coordinator
Barnesville, Municipal TV
P.O. Box 550
Barnesville, MN 56514

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

BOX 2466 FARGO, NORTH DAKOTA 58108 (701) 237-6500 FAX (701) 241-5368

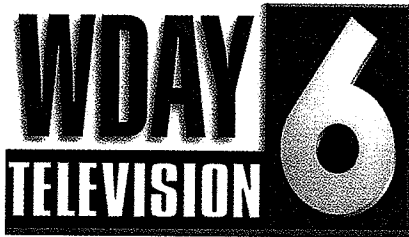
WEBSITE: www.wday.com

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7007 3020 0001 4707 9904

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	Mr. Guy Swenson T.E.C. Coordinator Barnesville, Municipal TV P.O. Box 550 Barnesville, MN 56514
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+	
PS Form 3800, August 2006	
See Reverse for Instructions	

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 Shana Chak <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mr. Guy Swenson T.E.C. Coordinator Barnesville, Municipal TV P.O. Box 550 Barnesville, MN 56514	B. Received by (Printed Name) 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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7007 3020 0001 4707 9904	
PS Form 3811, July 2013 Domestic Return Receipt	



June 30, 2014

Certified Mail, Return Receipt Requested

Ms. Carmen Biesterfeld
Regulatory Reporting Coordinator
BEK Communications
P. O Box 230
Steele, ND 58482

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

BOX 2466 FARGO, NORTH DAKOTA 58108 (701) 237-6500 FAX (701) 241-5368

WEBSITE: www.wday.com

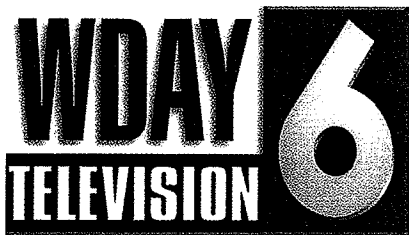
A Division of Forum Communications Company

7007 3020 0001 4707 9911

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) Total Postage	Postmark Here
Sent To Street, Apt. No. or PO Box No. City, State, ZIP	Ms. Carmen Biesterfeld Regulatory Reporting Coordinator BEK Communications P. O Box 230 Steele, ND 58482
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature x <i>Jennifer Kidd</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>Jennifer Kidd</i> 7/2/14 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Derrick Bulawa, CEO BEK Comm. Coop. PO Box 230 Steele, ND 58482	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

7007 3020 0001 4708 0191



June 30, 2014

Certified Mail, Return Receipt Requested

Sr. Vice President-Operations
Cable One, Inc.
1314 N. 3rd Street, 3rd Floor
Phoenix, AZ 85004

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

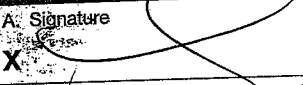
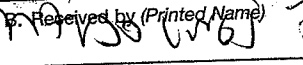
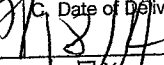
Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

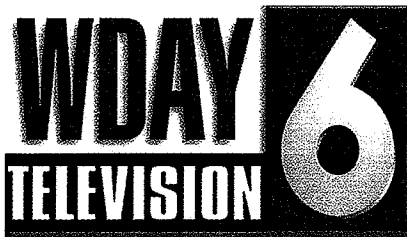
Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4707 9898

U.S. Postal Service TM		
CERTIFIED MAIL TM 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 F	Sr. Vice President-Operations Cable One, Inc. 1314 N. 3rd Street, 3rd Floor Phoenix, AZ 85004	
Sent To		
Street, or PO B		
City, Sta		
PS Form 3800, August 2006		See Reverse for Instructions

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.		<p>A. Signature  <input checked="" 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 <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Sr. Vice President-Operations Cable One, Inc. 1314 N. 3rd Street, 3rd Floor Phoenix, AZ 85004		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

7007 3020 0001 4707 9898



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Roy Sheppard, President
Cable Service
P.O Box 608
Jamestown, ND 58402

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

U.S. Postal Service™
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OFFICIAL USE

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

Total Post

Mr. Roy Sheppard, President
Cable Services, Inc.
P.O. Box 608
Jamestown, ND 58402

Sent To
Street, Apt. 1
or PO Box A
City, State, Z

PS Form 3800, August 2006

See Reverse for Instructions

7007 3020 0001 4707 9928

SENDER: COMPLETE THIS SECTION

- 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.

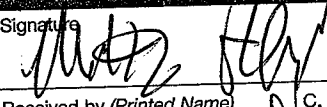
1. Article Addressed to:

Mr. Roy Sheppard, President
Cable Services, Inc.
P.O. Box 608
Jamestown, ND 58402

2. Article Number
(Transfer from service label)

7007 3020 0001 4707 9928

COMPLETE THIS SECTION ON DELIVERY

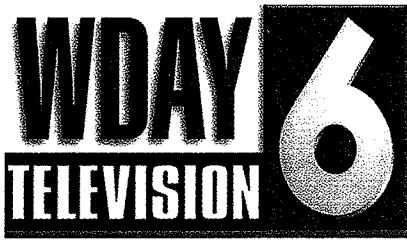
- A. Signature  ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Matthew Sheppard C. Date of Delivery 9-3-14
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- | | |
|---|--|
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Priority Mail Express™ |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Collect on Delivery |

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Keith Larson
General Manager
Central Dakota TV, Inc.
P.O. Box 299
Carrington, ND 58421

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

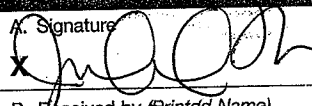
Very truly yours,

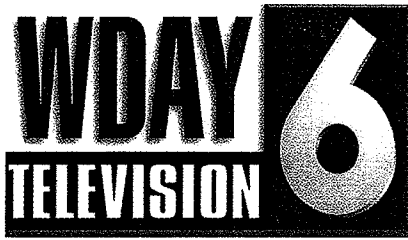
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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4707 9935

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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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	General Manager Central Dakota TV, Inc. P.O. Box 299 Carrington, ND 58421
Sent To	
Street, Apt. No. or PO Box No.	
City, State, Zip	
PS Form 3800, August 2006	
See Reverse for Instructions	

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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: General Manager Central Dakota TV, Inc. P.O. Box 299 Carrington, ND 58421	B. Received by (Printed Name) Julie Thompson C. Date of Delivery 7-2-14
	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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7007 3020 0001 4707 9935
PS Form 3811, July 2013	Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Gregory L. Doody
Executive Vice President
Programming and Legal Affairs
Charter Communications
12405 Powerscourt Drive
St. Louis, MO 63131

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

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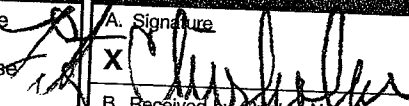
Very truly yours,

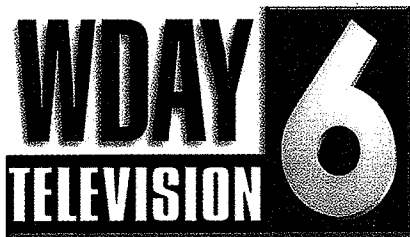
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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4707 9942

U.S. Postal Service™		
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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 Pos	Mr. Gregory L. Doody Programming and Legal Affairs Charter Communications 12405 Powerscourt Drive St. Louis, MO 63131	
Sent To		
Street, Apt. or PO Box		
City, State,		
PS Form 3800, August 2006		See Reverse for Instructions

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 	
1. Article Addressed to: Mr. Gregory L. Doody Programming and Legal Affairs Charter Communications 12405 Powerscourt Drive St. Louis, MO 63131		B. Received by (Printed Name)	
		C. Date of Delivery 7/7/13	
2. Article Number (Transfer from service label) 7007 3020 0001 4707 9942		D. Is delivery address different from item 1? <input checked="" 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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt			



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Charles Lucken
City of Fosston Cable TV
P. O. Box 239
Fosston, MN 56542

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

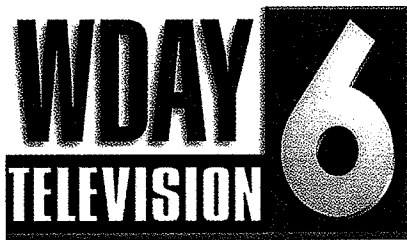
7007 3020 0001 4707 9959

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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	
Sent To	
Street, Apt. No. or PO Box No.	
City, State, Zi.	
PS Form 3800, August 2006	
See Reverse for Instructions	

Mr. Charles Lucken
City of Fosston Cable TV
P. O. Box 239
Fosston, MN 56542

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 <input checked="" type="checkbox"/> <i>Cassie Heide</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mr. Charles Lucken City of Fosston Cable TV P. O. Box 239 Fosston, MN 56542	B. Received by (Printed Name) <i>Cassie Heide</i>
	C. Date of Delivery <i>7-2-14</i>
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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013	
Domestic Return Receipt	

7007 3020 0001 4707 9959



June 30, 2014

Certified Mail, Return Receipt Requested

DIRECTV, Inc.
2230 East Imperial Highway
El Segundo, CA 90245

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects "retransmission consent" status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

BOX 2466 FARGO, NORTH DAKOTA 58108 (701) 237-6500 FAX (701) 241-5368

WEBSITE: www.wday.com

A Division of Forum Communications Company

U.S. Postal ServiceTM
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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

Total Postage

DIRECTV, Inc.

2230 East Imperial Highway
El Segundo, CA 90245

Sent To

Street, Apt
or PO Box
City, State

PS Form 3800, August 2006

See Reverse for Instructions

7007 3020 0001 4707 9966

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

DIRECTV, Inc.
2230 East Imperial Highway
El Segundo, CA 90245

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

☒ Certified Mail[®]

☐ Priority Mail Express[™]

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

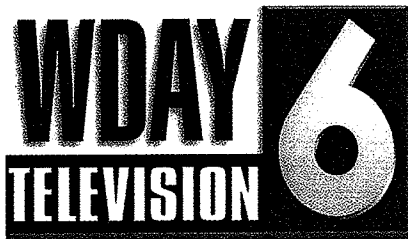
2. Article Number

(Transfer from service label)

7007 3020 0001 4707 9966

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. R. Stanton Dodge
Executive Vice President & General Counsel
DISH Network, L.L.C
9601 S. Meridian Boulevard
Englewood, CO 80112

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

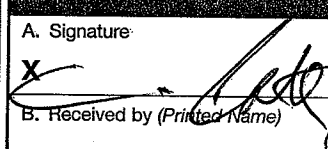
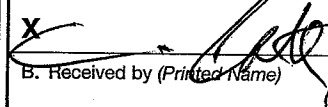
Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

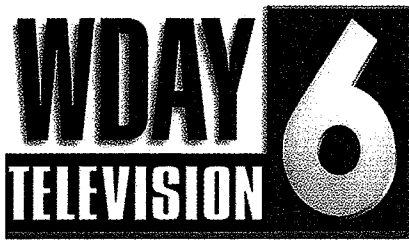
Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4707 9973

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
Total Post Mr. R. Stanton Dodge Executive Vice President & General Counsel DISH Network, L.L.C. 9601 S. Meridian Boulevard Englewood, CO 80112	
Sent To Street, Apt. 1 or PO Box A City, State, Z	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature:  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name)  C. Date of Delivery 7/2 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Mr. R. Stanton Dodge Executive Vice President & General Counsel DISH Network, L.L.C. 9601 S. Meridian Boulevard Englewood, CO 80112	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

7007 3020 0001 4707 9973



June 30, 2014

Certified Mail, Return Receipt Requested

Dickey Rural Services, Inc.
P.O. Box 69
Ellendale, ND 58436

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

U.S. Postal Service™
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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)

Total Pos

Postmark
Here

Dickey Rural Services, Inc.
P.O. Box 69
Ellendale, ND 58436

Sent To
Street, Apt.
or PO Box
City, State

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Dickey Rural Services, Inc.
P.O. Box 69
Ellendale, ND 58436

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Tray Redemaier

C. Date of Delivery

7-11-14

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☒ Certified Mail®

☐ Registered

☐ Insured Mail

☐ Priority Mail Express™

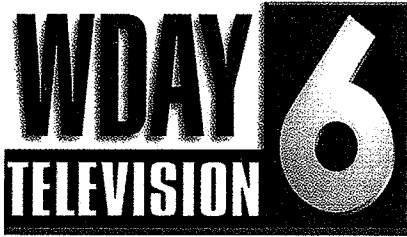
☒ Return Receipt for Merchandise

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Federated Telephone
P. O. Box 156
Chokio, MN 56221

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

BOX 2466 FARGO, NORTH DAKOTA 58108 (701) 237-6500 FAX (701) 241-5368

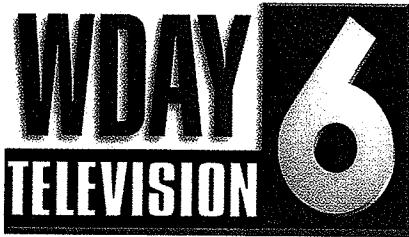
WEBSITE: www.wday.com

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7007 3020 0001 4708 0054

U.S. Postal Service™	
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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	
Federated Telephone P.O. Box 156 Chokio, MN 56221	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+	
PS Form 3800, August 2006	
See Reverse for Instructions	

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 <i>x Tammy Dierks</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Federated Telephone P.O. Box 156 Chokio, MN 56221	B. Received by (Printed Name) <i>Tammy Dierks</i>
	C. Date of Delivery <i>7/3/14</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7007 3020 0001 4708 0054	
PS Form 3811, July 2013 Domestic Return Receipt	



July 8, 2014

Certified Mail, Return Receipt Requested

Galva Cable Company, LLC
3230 Peachtree Corners Circle, Suite H
Norcross, GA 30092

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Mari Ossenfort".

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0351

U.S. Postal ServiceTM
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OFFICIAL USE

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

Postmark
Here

Sent To	Galva Cable Company, LLC
Street, Apt. No., or PO Box No.	3230 Peachtree Corners Circle
City, State, ZIP+4	Norcross, GA 30092 Suite H

PS Form 3800, August 2006 See Reverse for Instructions


SENDER: COMPLETE THIS SECTION

- 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.

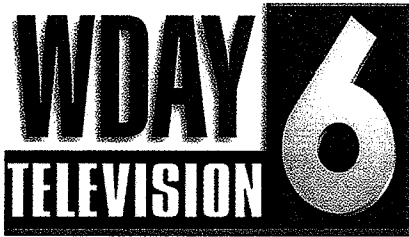
1. Article Addressed to:

Galva Cable Company, LLC
3230 Peachtree Corners
Circle, Suite H
Norcross, GA 30092

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) CM Murphy	C. Date of Delivery 7/14/14
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"/> 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	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label)	7007 3020 0001 4708 0351
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June 30, 2014

Certified Mail, Return Receipt Requested

Mr. George W. Fish
Garden Valley Telephone Company
P.O. Box 259
Erskine, MN 56535

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

BOX 2466 FARGO, NORTH DAKOTA 58108 (701) 237-6500 FAX (701) 241-5368

WEBSITE: www.wday.com

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Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Postmark
 Here

Total Postage

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, Zip

Mr. George W. Fish
 General Manager
 Garden Valley Telephone Company
 P.O. Box 259
 Erskine, MN 56535

PS Form 3800, August 2006

See Reverse for Instructions

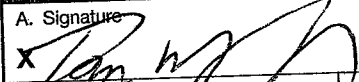
SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mr. George W. Fish
 General Manager
 Garden Valley Telephone Company
 P.O. Box 259
 Erskine, MN 56535

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent
☐ Addressee
 B. Received by (Printed Name) George W. Fish
 C. Date of Delivery 7-2-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

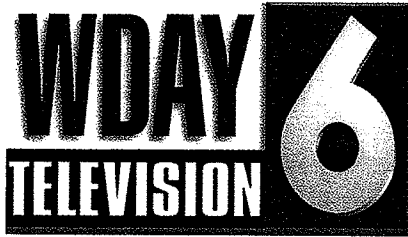
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7007 3020 0001 4708 0061

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Halstad Telephone Company
P. O Box 55
Halstad, MN 56548

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0078

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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Postmark
 Here

Total Pos

Halstad Telephone Company

P. O Box 55

Halstad, MN 56548

Sent To
 Street, Apt.
 or PO Box
 City, State

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Halstad Telephone Company
 P. O Box 55
 Halstad, MN 56548

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Tracy Holte 7-2-14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

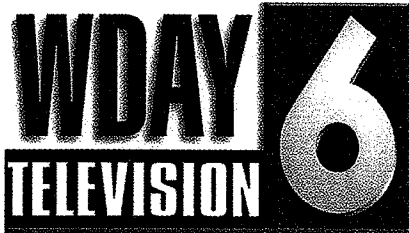
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7007 3020 0001 4708 0078

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Halstad Telephone Company
P. O Box 55
Halstad, MN 56548

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

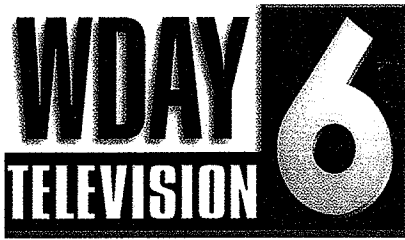
Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

*Tom -
I know we have
completed the retrans
agreement for this
upcoming cycle, but
wanted to abide by the
"letter of the law" by
sending you a Declaration
Letter. Thanks again for
the agreement! Sue
Eider*



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. David Schornack
Loretel Systems, Inc.
d/b/a/ Loretel Cablevision
150 Second Street SW
Perham, MN 56573

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

U.S. Postal Service™
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OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage

Postmark
Here

Mr. David Schornack
Loretel Systems, Inc.
150 Second Street SW
Perham, MN 56573

Sent To
Street, Apt. 1
or PO Box N
City, State, Z

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mr. David Schornack
Loretel Systems, Inc.
150 Second Street SW
Perham, MN 56573

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jackie Siler C. Date of Delivery 7-2-14

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☒ No

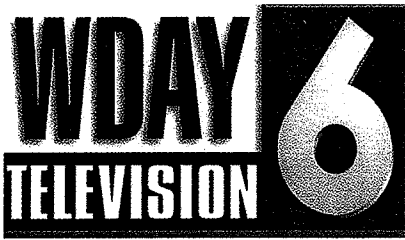
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 3020 0001 4708 0085

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Midcontinent Communications
3600 Minnesota Drive, Suite 700
Minneapolis, Minnesota 55435

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects "retransmission consent" status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

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

7007 3020 0001 4708 0047

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

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

Midcontinent Communications
 3600 Minnesota Drive, Suite 700
 Minneapolis, Minnesota 55435
 Attn: Wynn Haakenstad

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Midcontinent Communications
 3600 Minnesota Drive, Suite 700
 Minneapolis, Minnesota 55435

Attn: Wynn Haakenstad

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Wynn Haakenstad* C. Date of Delivery

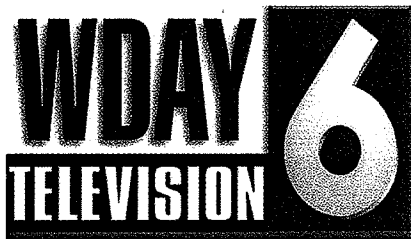
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7007 3020 0001 4708 0047



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Tyler Kilde
MLGC, LLC
301 Dewey Street
Enderlin, ND 58027

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

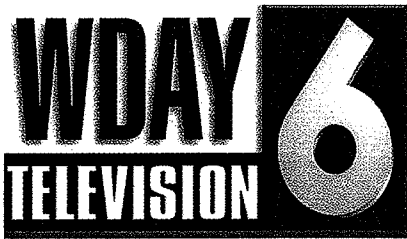
A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0030

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) Total F	Postmark Here
Mr. Tyler Kilde MLGC, LLC 301 Dewey Street Enderlin, ND 58027	
Sent To Street, A or PO B City, Sta	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <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. 1. Article Addressed to: <div style="text-align: center;"> Mr. Tyler Kilde MLGC, LLC 301 Dewey Street Enderlin, ND 58027 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature: <div style="display: flex; justify-content: space-between;"> <div> <i>X Loren J. Briss</i> </div> <div> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> B. Received by (Printed Name) <i>Loren J Briss</i>
	C. Date of Delivery <i>7-2-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7007 3020 0001 4708 0030	



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Richard Ellison
North Dakota Telephone
211 22nd Street NW
Devils Lake, ND 58301

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0092

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Postmark
Here

Sent To

Mr. Richard Ellison

Street, Apt. N
or PO Box No

North Dakota Telephone

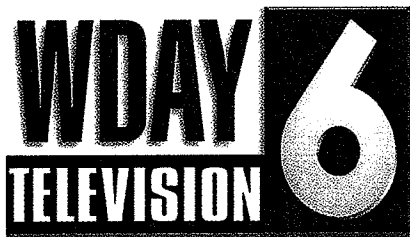
City, State, Zi

211 22nd Street NW
Devils Lake, ND 58301

PS Form 3800, August 2006
See Reverse for Instructions

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. 	<div style="margin-bottom: 10px;"> A. Signature <div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1;"> <i>x Bobbie Jo Newton</i> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="flex-grow: 1;"> B. Received by (Printed Name) <i>Bobbie Jo Newton</i> </div> <div style="flex-grow: 1; text-align: right;"> C. Date of Delivery <i>7-7-14</i> </div> </div> <div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div>
<div style="margin-top: 10px;"> 1. Article Addressed to: <div style="text-align: center;"> Mr. Richard Ellison North Dakota Telephone 211 22nd Street NW Devils Lake, ND 58301 </div> </div>	<div style="margin-top: 10px;"> 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery </div> </div> </div>
<div style="margin-top: 10px;"> 2. Article Number <i>(Transfer from service label)</i> </div>	<div style="margin-top: 10px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div>
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2013 Domestic Return Receipt </div>	

7007 3020 0001 4708 0092



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Dave Bickett
Otter Com, Inc.
P.O. Box 277
Underwood, MN 56586

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice; pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0108

U.S. Postal Service™
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Post:

Sent To
Street, Apt. or PO Box
City, State, ZIP

Mr. Dave Bickett
 Otter Com, Inc.
 P.O. Box 277
 Underwood, MN 56586

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mr. Dave Bickett
 Otter Com, Inc.
 P.O. Box 277
 Underwood, MN 56586

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Christel Samuelson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

Christel Samuelson

C. Date of Delivery

7-2-14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

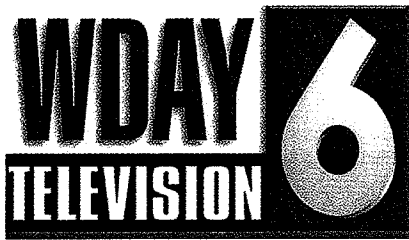
3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

7007 3020 0001 4708 0108

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Keith Hunt
Paul Bunyan Rural Telephone Cooperative
1831 Anne Street NW
Bemidji, MN 56601

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

U.S. Postal Service™
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OFFICIAL USE

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

Mr. Keith Hunt
Paul Bunyan Rural Telephone
Cooperative
1831 Anne Street NW
Bemidji, MN 56601

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, Zip

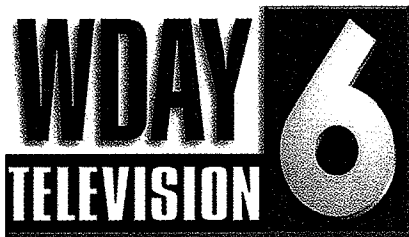
PS Form 3800, August 2006 See Reverse for Instructions

7007 3020 0001 4708 0115

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. 	<p>A. Signature X <i>Steve Heller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Steve Heller</i></p> <p>C. Date of Delivery 2-3</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>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;"> Mr. Keith Hunt Paul Bunyan Rural Telephone Cooperative 1831 Anne Street NW Bemidji, MN 56601 </p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Priority Mail Express™</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Collect on Delivery</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery						
<p>Article Number (Transfer from service label) 7007 3020 0001 4708 0115</p>							

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Runestone Telephone Association
P.O Box 336
Hoffman, MN 56339

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

U.S. Postal Service™
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OFFICIAL USE

7007 3020 0001 4708 0122

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

Total

Runestone Telephone Association

P.O Box 336

Hoffman, MN 56339

Sent To

Street,
or PO Box

City, State

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Runestone Telephone Association
P.O Box 336
Hoffman, MN 56339

2. Article Number
(Transfer from service label)

7007 3020 0001 4708 0122

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Linda Estenson ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Linda Estenson

C. Date of Delivery

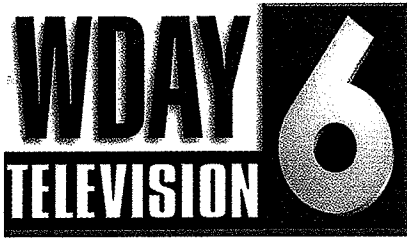
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Dick Sjoberg
President
Sjoberg's Cable TV, Inc.
315 Main Avenue North
Thief River Falls, MN 56701

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

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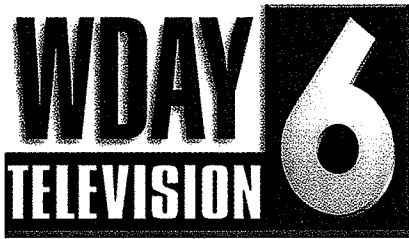
Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0023

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) Total Postage	Postmark Here
Mr. Dick Sjoberg President Sjoberg's Cable TV, Inc. 315 Main Avenue North Thief River Falls, MN 56701	
Sent To Street, Apt. No. or PO Box No. City, State, ZIP	
PS Form 3800, August 2006	

SENDER: COMPLETE THIS SECTION ■ 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. 1. Article Addressed to: <div style="text-align: center;"> Mr. Dick Sjoberg President Sjoberg's Cable TV, Inc. 315 Main Avenue North Thief River Falls, MN 56701 </div> 2. Article Number (Transfer from service label)	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Steph Morinville</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Steph Morinville</i> C. Date of Delivery <i>7-31-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
--	--

7007 3020 0001 4708 0023



June 30, 2014

Certified Mail, Return Receipt Requested

David Pratt
Tekstar Cablevision, Inc.
d/b/a Arvig Communications Systems
150 Secon Street SW
Perham, MN 56573

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0139

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OFFICIAL USE

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

Total Postage

David Pratt
 Tekstar Cablevision, Inc.

Sent To d/b/a Arvig Communications Systems
 Street, Apt. N or PO Box No 150 Secon Street SW
 City, State, Zi Perham, MN 56573

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.


1. Article Addressed to:

David Pratt
 Tekstar Cablevision, Inc.
 d/b/a Arvig Communications Systems
 150 Secon Street SW
 Perham, MN 56573

2. Article Number
 (Transfer from service label)

7007 3020 0001 4708 0139

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Jackie Sifer	C. Date of Delivery 7-2-14
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

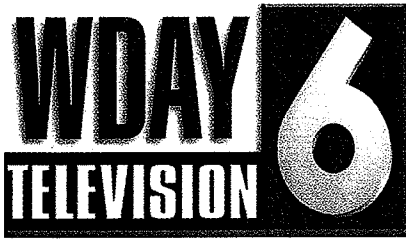
3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Dennis Hansel
United Telephone Mutual Aid Corp
411 7th Avenue
Langdon, ND 58249

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

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Very truly yours,

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Mari Ossenfort
Director of Broadcasting
Forum Communications Company

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

Total F

Mr. Dennis Hansel
United Telephone Mutual Aid Corp
411 7th Avenue
Langdon, ND 58249

Sent To

Street,
or PO Box
City, St.

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mr. Dennis Hansel
United Telephone Mutual Aid Corp
411 7th Avenue
Langdon, ND 58249

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda Balsdon

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Linda Balsdon

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below:

*PO BOX 729
Langdon ND 58249*

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

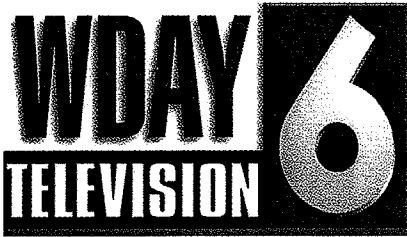
☐ Yes

2. Article Number
(Transfer from service label)

7007 3020 0001 4708 0146

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

Viking Electronics d/b/a
Polar Cablevision
P.O. Box 270
Park River, ND 58270

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0153

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)	
Total Postage	

Postmark
Here

Viking Electronics d/b/a
Polar Cablevision
P.O. Box 270
Park River, ND 58270

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

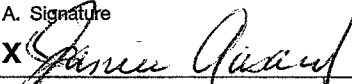
1. Article Addressed to:

Viking Electronics d/b/a
Polar Cablevision
P.O. Box 270
Park River, ND 58270

2. Article Number
(Transfer from service label)

7007 3020 0001 4708 0153

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Janice Gaxnd	C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

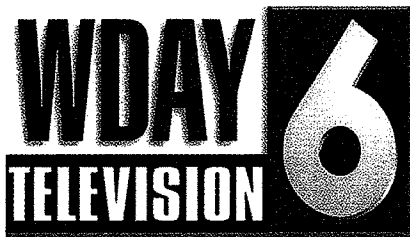
3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt



June 30, 2014

Certified Mail, Return Receipt Requested

West Central Telephone Association
308 Frontage Road
Sebeka, MN 56477

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

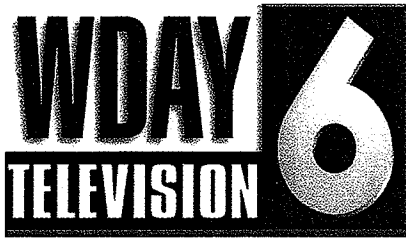
A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4708 0016

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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)	
Total Postage	
Postmark Here	
West Central Telephone Association	
308 Frontage Road	
Sebeka, MN 56477	
Sent To	
Street, Apt. 1 or PO Box N	
City, State, Z	
PS Form 3800, August 2006	
See Reverse for Instructions	

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 <i>Julia Schoa</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: West Central Telephone Association 308 Frontage Road Sebeka, MN 56477	B. Received by (Printed Name) C. Date of Delivery
	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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7007 3020 0001 4708 0016
PS Form 3811, July 2013 Domestic Return Receipt	



June 30, 2014

Certified Mail, Return Receipt Requested

Mr. Alen Lundeen
Wikstrom Systems, LLC
P.O. Box 217
Karstad, MN 56732

RE: Election of Retransmission Consent Status

Dear Sir/Madam:

Forum Communications Company, licensee of television stations, WDAY-Fargo, ND, and WDAZ-Devils Lake/Grand Forks, ND, hereby provides written notice, pursuant to Section 76.64(f) of the Rules and Regulations of the Federal Communications Commission, that it elects 'retransmission consent' status on all your cable systems for the period beginning on January 1, 2015 and ending on December 31, 2017. It is our intent that this election be effective as to each community served by all your cable systems serving the Fargo DMA.

We look forward to agreeing on a mutually beneficial retransmission consent agreement.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mari Ossenfort". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mari Ossenfort
Director of Broadcasting
Forum Communications Company

7007 3020 0001 4707 9980

U.S. Postal Service™
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OFFICIAL USE

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

Total Postage

Mr. Alen Lundeen
Wikstrom Systems, LLC
P.O. Box 217
Karstad, MN 56732

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- 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.

1. Article Addressed to:

Mr. Alen Lundeen
Wikstrom Systems, LLC
P.O. Box 217
Karstad, MN 56732

2. Article Number

(Transfer from service label)

7007 3020 0001 4707 9980

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ X  ☒ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Judy Hogberg 7-7-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes