



A M E D I A G E N E R A L C O M P A N Y

30 September 2014

**VIA CERTIFIED U.S. MAIL
RETURN RECEIPT REQUESTED**

Franklin Telephone
P.O. Box 446
Bude, MS 39630
Attn: Tom Griffin



Re: 2015-2017 Three-Year Election for Retransmission Consent

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 WJTV, Jackson, MS (the "Station") elects to require Franklin Telephone, which serves the community(ies) and/or county(ies) and unincorporated areas within those community(ies) and county(ies) listed on the enclosed 2015-2017 Retransmission Consent Election Statement, to obtain the consent of the Station for retransmission of its broadcast signal effective January 1, 2015, through December 31, 2017. Consent of the Station for retransmission of its signal will be required for, but not limited to, the system(s) serving the community (ies) and county (ies) listed on the enclosed Election Statement.

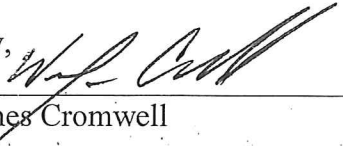
If you already have a retransmission consent agreement with the Station or with Media General, Inc. or a subsidiary thereof (including, without limitation, Young Broadcasting LLC or a subsidiary thereof) (collectively, "Media General") that covers the Station for all or a portion of the January 1, 2015, through December 31, 2017, cycle, then the terms of that agreement will govern for the period specified in the agreement. If such an agreement expires prior to December 31, 2017, then it will be necessary for you to negotiate for retransmission consent following that expiration. In addition, if any retransmission consent agreement between you and the Station or Media General contains an automatic renewal provision, then this letter shall also serve as notice of termination of that agreement, and it will be necessary for the system(s) to negotiate for retransmission consent following expiration of the current term of that agreement.

We will send you an agreement at the appropriate time in advance of the expiration of the current agreement.

Enclosure

cc: Public File

Sincerely,


Wm. James Cromwell

VP/ General Manager



A M E D I A G E N E R A L C O M P A N Y

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT FOR STATION WTJV



This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by Media General Communications Holdings, LLC, licensee of Station WTJV, Jackson, MS (the "Station"), to require Franklin Telephone to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Bude, MS, Newhebron, MS, Lawrence County, MS, Franklin County, MS, and any other areas in the station's DMA.

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

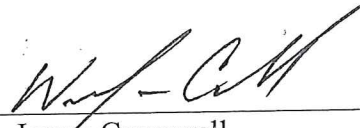
This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on 27 August 2014 to the following cable system(s):

Franklin Telephone
P.O. Box 446
Bude, MS 39630
Attn: Tom Griffin

Station: WTJV

Date: 9/30, 2014

By:


Wm. James Cromwell
VP/ General Manager

4 755 3722 2000 0601 E702

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 & Fees \$	
Sent To Franklin Telephone Street, Apt. No.; or PO Box No. WJTV City, State, ZIP+4 Attn: Tom Griffin	
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"/> DB Richardson <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Franklin Telephone P.O. Box 446 Bude, MS 39630 Attn: Tom Griffin	B. Received by (Printed Name) D B Richardson 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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 1090 0002 2213 5514
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	