

STEPHEN H. GLEASON
VICE PRESIDENT
PROGRAMMING

September 3, 2014

VIA CERTIFIED U.S. MAIL
RETURN RECEIPT REQUESTED

Time Warner Cable, Inc.
ATTN: EVP & General Counsel
60 Columbus Circle
New York, NY 10023

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

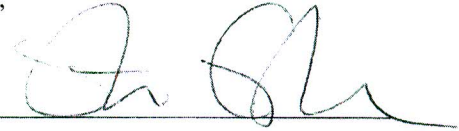
Dear Sir or Madam:

In accordance with Section 76.64 of the Rules of the Federal Communications Commission ("FCC"), this is to notify you that Station **WTEN, Albany, NY and, its satellite WCDC, TV, Adams, MA** (collectively the "Station") elects to require **Time Warner Cable, Inc.**, 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.

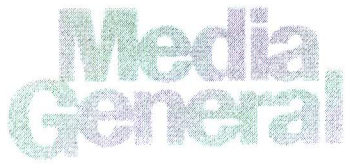
Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Gleason', written over a horizontal line.

Steve Gleason
Programming

Enclosure

cc: Public File
Sabin, Bermant & Gould



2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION **WTEN**

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by **Young Broadcasting of Albany, Inc.**, licensee of Station **WTEN, Albany, NY, and its satellite WCDC-TV, Adams, MA** (collectively the "Station"), to require **Time Warner Cable, Inc.** 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):

Hoosick Fall, NY, Rensselaer, NY, Troy, NY, Rensselaer County, NY, Lake George, NY, Queensbury, NY, Whitehall, NY, Warren County, NY, Gloversville, NY, Fulton County, NY, Saratoga, NY, Saratoga County, NY, Greenwich, NY, Washington County, NY, Albany, NY, Albany County, NY, Schenectady, NY, Princetown, NY, Rotterdam, NY, Duanesburg, NY, Schenectady County, NY, Amsterdam, NY, Canajoharie, NY, Montgomery County, NY, Cobleskill, NY, Schoharie County, NY, Pittsfield, MA, North Adams, MA, Lee, MA, Berkshire County, MA, Kinderhook, NY, Columbia County, NY, Schroon Lake, NY, Ticonderoga, NY, Essex County, NY 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 **September 3, 2014** to the following cable system(s):

**Time Warner Cable, Inc.
ATTN: EVP & General Counsel
60 Columbus Circle
New York, NY 10023**

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Gleason', written over a horizontal line.

Date: September 3, 2014

Steve Gleason
Programming

**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 0710 0005 4705 7118

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

Postmark
Here

TEN

Sent To Time Warner Cable
 Street, Apt. No.,
 or PO Box No. 60 Columbus Circle
 City, State, ZIP+4 New York, NY 10023

PS Form 3800, August 2006 See Reverse for Instructions

RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

7007 0710 0005 4705 7118

Time Warner Cable
60 Columbus Circle
New York, NY 10023

5. Signature (Addressee)

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

9-5

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

DOMESTIC RETURN RECEIPT

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 0710 0005 4705 7125

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

Postmark
Here

Sent To Sabin, Bermant & Gould
 Street, Apt. No.,
 or PO Box No. Four Times Sq
 City, State, ZIP+4 NYC, NY 10036

PS Form 3800, August 2006 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side of this form?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
- Consult postmaster for fee.

7007 0710 0005 4705 7125

3. Article Addressed to:

Sabin, Bermant & Gould
Four Times Square
NYC NY 10036

5. Signature (Addressee)

E. Mandel

6. Signature (Agent)

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

9/5/14

8. Addressee's Address (Only if requested and fee is paid)

Return Receipt Service.
Thank you for using

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT