

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Tara McCure</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <b>TARA MCCURE</b>	C. Date of Delivery <b>9-23-11</b>
1. Article Addressed to:  Attn: Board of Directors Brockway Television, Inc. 501 Main St Brockway, PA 15824	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7008 1300 0001 0437 2275</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Arnold K. Cuttrell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <b>ARNOLD K. CUTTRELL</b>	C. Date of Delivery <b>SEP 30 2011</b>
1. Article Addressed to:  Dennis Cuttrell Citizens Cable Communications 2748 State Route 982 Mammoth, PA 15664-0135	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7008 1300 0001 0437 2343</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15-10

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Dustin Fidler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <b>Dustin Fidler</b>	C. Date of Delivery
1. Article Addressed to:  Jaime Montes Consolidated Communications d/b/a Enterprise Services, Inc. 121 S 17th Street Mattoon, IL 61938	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7008 1300 0001 0437 2350</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15-40



4145 EVERGREEN ROAD  
 PITTSBURGH, PA 15214-4145  
 412.237.1100  
 www.wpxi.com

A COX TELEVISION STATION

September 18, 2019

**Via Certified Mail, Return Receipt Requested: 7008 1300 0001 0437 2275**

Brockway Television, Inc.  
 Attn: Board of Directors  
 501 Main St  
 Brockway, PA 15824

Re: WPXI(TV), Channel 11.1, Pittsburgh, Pennsylvania  
**NOTIFICATION OF PROGRAM EXCLUSIVITY**

Dear Ladies and Gentlemen:

As you know, WPXI(TV) is the primary network affiliate of the NBC Television Network for the Pittsburgh, Pennsylvania television market. Our affiliation agreement expires on December 31, 2021. Our affiliation agreement protects WPXI(TV) through the term of the agreement against the duplication of NBC network programming from another television station during the period beginning one day before and ending seven days after the delivery the network program. The terms of our network non-duplication rights are set forth in the attachment.

WPXI(TV) broadcasts regularly scheduled NBC Television Network programming during the following time periods:

- Monday 4:00-4:30 am, 7:00-11:00 am, 3:00-4:00 pm, 6:30-7:00 pm, 8:00-11:00 pm, 11:35 pm-11:59 pm
- Tuesday-Friday 12:00-3:00 am, 4:00-4:30 am, 7:00-11:00 am, 3:00-4:00 pm, 6:30-7:00 pm, 8:00-11:00 pm, 11:35 pm-11:59 pm
- Saturday 12:00-3:00 am, 7:00-8:30 am, 9:30 am-6:00 pm, 6:30 pm-7:00 pm, 8:00-11:00 pm, 11:30 pm -11:59 pm
- Sunday 12:00-1:00 am, 9:00-11:00 am, 12:00-6:00 pm, 6:30-11:00 pm

From time to time, WPXI(TV) broadcasts NBC network programs, including news and sports, in additional time slots.

FCC rules prevent local cable systems from carrying the signal of any other television station when such other station broadcasts NBC programming. If your cable system has been honoring WPXI(TV)'s network exclusivity rights, we thank you for your cooperation and request that you continue these efforts through the duration of our affiliation agreement. If your cable system has not been honoring WPXI(TV)'s rights (for example, by importing out-of-market NBC signals), we hereby re-assert our right to require your cable system to promptly begin providing program exclusivity.

Please contact me if you have any questions concerning WPXI(TV).

Sincerely,

Kevin J. Hayes  
 Vice President/General Manager  
 WPXI

Attachment





August 15, 2019

Re: NBC Network Non-Duplication Amendment

Dear Sir or Madam:

The following shall constitute an amendment to the television network affiliation agreement (the "Agreement") between Cox media Group, LLC, and the NBC Television Network, a division of NBCUniversal Media, LLC ("NBC"), dated July 30, 2019, regarding the NBC Affiliation of the below Station in its designated market area as defined by Nielsen ("DMA").

Television Stations/DMA's: **WPXI-TV / Pittsburgh, PA**

1. During the term of the Agreement, Station shall, by the terms of this amendment, be entitled to invoke protection against the simultaneous duplication of NBC's network programming, as carried by Station, imported within a radius from Station's designated community of license as defined in Section 73.606 of the Rules of the Federal Communications Commission ("FCC") to the maximum geographic extent from such community of license permitted under the present Sections 76.92 and 73.658(m) of the FCC's Rules and in accordance with the terms and conditions of said Rules.

2. Either party shall have the right to terminate this amendment at any time during the term of the Agreement, by written notice to the other given at least 60 days prior to the effective date of such termination, but only in the event of the following:

(i) Station grants consent to the retransmission of its broadcast signal by any cable television system or, except as provided in subparagraph 2(ii) below, to any other multichannel video program distributor ("MVPD"), as defined in Section 76.64(d) of the FCC Rules, whose carriage of broadcast signals requires retransmission consent, and such cable system is located outside the Designated Market Area ("DMA") as defined by Nielsen to which Station was assigned, unless Station's signal is actually carried by such cable system as of April 1, 1993, or, with respect to such cable system, is "significantly viewed" (as determined by the FCC); or

(ii) Station grants consent to the retransmission of its broadcast signal by any MVPD that provides such signal to any home satellite dish user, unless such user is located within Station's own DMA or is an "unserved household" as defined in Section 119 (d) or any successor provision of Title 17 of the United States Code.

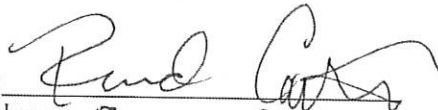
Any notice of termination under paragraph 2 hereof given by either party may be withdrawn by such party if, as of the effective date provided therein, the circumstances giving rise to such party's right of termination no longer exist.


To the extent that any term of the Agreement is inconsistent with the terms of this amendment, this amendment shall prevail. Except as modified by this amendment, the Agreement shall remain in full force and effect.

ACKNOWLEDGED AND AGREED:

COX MEDIA GROUP, LLC

NBC TELEVISION NETWORK,  
a division of NBCUniversal Media, LLC

By:   
Name: Raymond Carter  
Title: Regional VP  
Date: 8/20/19

By:   
Name: Rhonda Brockmann  
Title: Executive Vice President, Business & Legal Affairs  
Date: 8/22/19



4145 EVERGREEN ROAD  
PITTSBURGH, PA 15214-4145

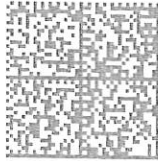
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To

Brockway Television, Inc.  
Attn: Board of Directors  
501 Main St  
Brockway, PA 15824

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Board of Directors  
Brockway Television, Inc.  
501 Main St  
Brockway, PA 15824

2. Article Number  
(Transfer from service label)

7008 1300 0001 0437 2275

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  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  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes