

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

7013 2630 0000 0975 8904

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To	General Manager/Office Manager ESCAPE BROADBAND, LLC COMMUNITY ID#: CA1449	
Street, Apt, or PO Box	ADDRESS: 11200 DONNER PASS ROAD #200	
City, State, ZIP+4	TRUCKEE, CA 96161	

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:

General Manager/Office Manager
 ESCAPE BROADBAND, LLC
 COMMUNITY ID#: CA1449
ADDRESS:
 11200 DONNER PASS ROAD #200
 TRUCKEE, CA 96161

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *W Swakander*

C. Date of Delivery *9/6/14*

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

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 sender)

7013 2630 0000 0975 8904

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



7013 2630 0000 0975 8904



General Manager/Office Manager
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1449
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

PRINTED AT 0106 ADDRESS AND RETURN ADDRESS
RIGHT TO RETURN OF DOT AT RECIPIENT'S RISK

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:

General Manager/Office Manager
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1449
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
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 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: 7013 2630 0000 0975 8904
(Transfer from se)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
ESCAPE BROADBAND, LLC
Community Unit: CA1449
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to ESCAPE BROADBAND, LLC that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

U.S. Postal Service
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OFFICIAL USE

7013 2630 0000 0975 8911

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0004
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form 3811, July 2013

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 type="checkbox"/> Agent <input checked="" 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 if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0004 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input 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</p>
<p>2. Article Number (Transfer from service)</p> <p>7013 2630 0000 0975 8911</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013

Domestic Return Receipt



7013 2630 0000 0975 891J



UNITED STATES POSTA
RITNEY ROWES
02 1P \$ 006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0004
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0004
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)

Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service)

7013 2630 0000 0975 891J

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0004
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola V. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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OFFICIAL USE

7013 2630 0000 0975 8928

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

Postmark
Here

Sent To General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0002
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form

uctions

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0002
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) *[Signature]* 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 si)

7013 2630 0000 0975 8928

CERTIFIED MAIL™



7013 2630 0000 0975 8928



UNITED STATES POSTAL SERVICE
PITNEY BOWES
02 1P
\$ 006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0002
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0002
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from si

7013 2630 0000 0975 8928

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0002
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

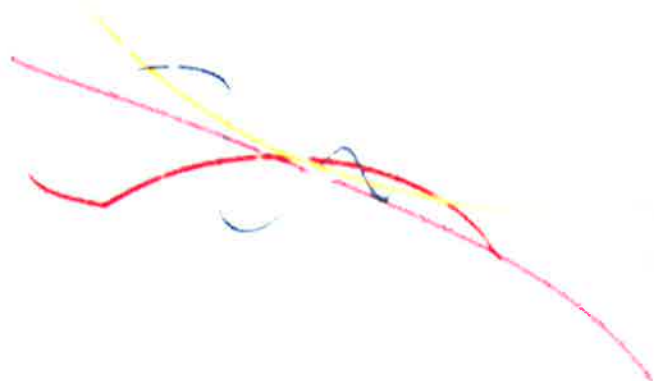
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7013 2630 0000 0975 8935

OFFICIAL USE

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0025
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

Street, A or PO Box
 City, State

PS Form 3811, July 2013 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 <i>[Signature]</i> <input 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 If YES, enter delivery address below: <input type="checkbox"/> No.</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0025 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from ser 7013 2630 0000 0975 8935)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



7013 2630 0000 0975 8935



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0025
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0025
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent

B. Received by (Printed Name) Addressee

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 sel)

7013 2630 0000 0975 8935

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0025
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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OFFICIAL USE

7013 2630 0000 0975 8942

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To	General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0001	
Street, / or PO B	ADDRESS: 12405 POWERSCOURT DRIVE	
City, Sta	ST LOUIS, MO 63131	
PS Form	uctions	

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0001
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Christina* C. Date of Delivery *9/11/14*

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

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 *7013 2630 0000 0975 8942*



7013 2630 0000 0975 8942



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0001
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE ADDRESS

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0001
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (*Printed Name*) Addressee
- 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®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 2630 0000 0975 8942**
(Transfer from se)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0001
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 8959

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

Sent To
 General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0053
ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form 3811, July 2013

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0053
ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from sender)

7013 2630 0000 0975 8959

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



70J3 2630 0000 0975 8959

UNITED STATES POSTAGE
 02 1P
 \$ 006.480
 0001762104 SEP 04 2014
 MAILED FROM ZIP CODE 89502

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0053
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0053
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 Agent

B. Received by (Printed Name) Addressee

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 70J3 2630 0000 0975 8959
 (Transfer from ser)
 PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0053
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

7013 2630 0000 0975 8966

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(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 & Fees	\$

Postmark
Here

Sent To General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0086

Street, or PO E ADDRESS:
12405 POWERSCOURT DRIVE

City, St ST LOUIS, MO 63131

PS Form **uctions**

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0086 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from serial number)	3. Service Type <input 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	
7013 2630 0000 0975 8966	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL™



7013 2630 0000 0975 8966



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0086
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0086
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from se 7013 2630 0000 0975 8966

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0086
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

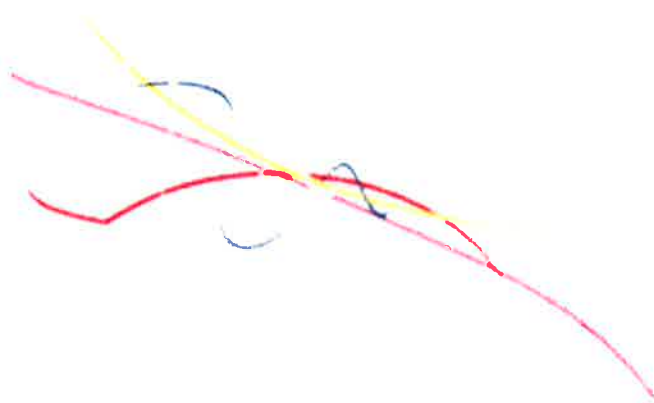
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017



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CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7013 2630 0000 0975 8973

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0122
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

Street, Apt or PO Box
 City, State

PS Form 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 type="checkbox"/> Agent <input checked="" 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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0122 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input 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</p>
<p>2. Article Number (Transfer from st) 7013 2630 0000 0975 8973</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



70J3 2630 0000 0975 8973



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0122
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0122
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **70J3 2630 0000 0975 8973**
(Transfer from si)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0122
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

U.S. Postal Service™
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OFFICIAL USE

7013 2630 0000 0975 8669

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

Postmark
Here

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0042
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

For Instructions

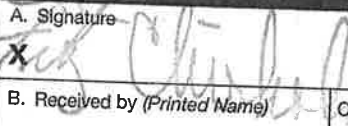
SENDER: COMPLETE THIS SECTION

- 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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0042
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number : 7013 2630 0000 0975 8669
 (Transfer from set)

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0042
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola U. Cody

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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OFFICIAL USE

7013 2630 0000 0975 8980

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To: General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0051 Street, A or PO Box ADDRESS: 12405 POWERSCOURT DRIVE City, State ST LOUIS, MO 63131		
PS Form		uctions

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>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0051 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from st 7013 2630 0000 0975 8980)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013		3. Service Type <input 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	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL™



7013 2630 0000 0975 8980



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0001762104
MAILED FROM ZIP CODE 89502
SEP 04 2014
\$ 006.480

General Manager/Office Manager
FALCON CABLE SYSTEMS CO.;PANY II LP
COMMUNITY ID#: NV0051
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

DO NOT REMOVE THIS STICKER UNTIL AFTER THE MAIL PIECE IS OPENED TO THE RIGHT
OF THE STICKER TO REVEAL THE POSTAGE METER NUMBER

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0051
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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 **7013 2630 0000 0975 8980**
(Transfer from sr)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0051
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

Scanning Mail™



7013 2630 0000 0975 8997



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0085
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0085
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from se

7013 2630 0000 0975 8997

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0085
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 9000

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0118
 Street, or PO Box ADDRESS:
 12405 POWERSCOURT DRIVE
 City, State ST LOUIS, MO 63131

PS Form _____ Actions _____

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) _____</p> <p>C. Date of Delivery _____</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>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0118 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input 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</p>
<p>2. Article Number (Transfer from s) 7013 2630 0000 0975 9000</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



7013 2630 0000 0975 9000



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0001762104
MAILED FROM ZIP CODE 89502
\$ 006.480
SEP 04 2014

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0118
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0118
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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? 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

2. Article Number

(Transfer from s

7013 2630 0000 0975 9000

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0118
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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Very truly yours,

A handwritten signature in blue ink that reads "Viola Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

U.S. Postal Service™
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OFFICIAL USE

7013 2630 0000 0975 9017

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 Street, P.O. Box, or PO Box: COMMUNITY ID#: CA0727
 ADDRESS: 12405 POWERSCOURT DRIVE
 City, State, ZIP+4: ST LOUIS, MO 63131

PS Form 3811, July 2013

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) <i>[Signature]</i> C. Date of Delivery <i>5/19/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: CA0727 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from sender) 7013 2630 0000 0975 9017</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



70J3 2630 0000 0975 90J7



UNITED STATES POSTAGE
 PITNEY BOWES
 02 1P \$006.480
 0001762104 SEP 04 2014
 MAILED FROM ZIP CODE 89502

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: CA0727
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: CA0727
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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 se

70J3 2630 0000 0975 90J7

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: CA0727
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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OFFICIAL USE

7013 2630 0000 0975 9024

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

Postmark
Here

Sent To General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 Street, Apt. COMMUNITY ID#: NV0055
 or PO Box ADDRESS:
 City, State 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form

Options

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0055
ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

2. Article Number
 (Transfer from se

7013 2630 0000 0975 9024

PS Form 3811, July 2013

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

CERTIFIED MAIL™



70J3 2630 0000 0975 9024



02 1P
\$ 006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0055
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

DO NOT REMOVE THIS STICKER FROM THE ENVELOPE
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0055
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- 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®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from st)

70J3 2630 0000 0975 9024

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0055
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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OFFICIAL USE

7013 2630 0000 0975 9031

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0006
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form _____ Actions _____

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 checked="" 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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0006 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from s) 7013 2630 0000 0975 9031</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



7013 2630 0000 0975 9031



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502
\$ 006.480

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV00006
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV00006
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 2630 0000 0975 9031**
(Transfer from s)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0006
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

7013 2630 0000 0975 9048

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 & Fees	\$

Postmark
Here

Sent To General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: CA0295

Street, A or PO Box ADDRESS:
12405 POWERSCOURT DRIVE
City, State ST LOUIS, MO 63131

PS Form 3811, July 2013

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: CA0295
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

2. Article Number
(Transfer from s)

7013 2630 0000 0975 9048

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[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

CERTIFIED MAIL™



7013 2630 0000 0975 9048



UNITED STATES POSTAGE
PITNEY BOWES
\$ 006.480
02 1P
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: CA0295
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, NOT ON EITHER LINE

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: CA0295
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from s) 7013 2630 0000 0975 9048

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: CA0295
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 9055

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0007

Street, P or PO B ADDRESS:
 12405 POWERSCOURT DRIVE

City, Sta ST LOUIS, MO 63131

PS Form _____ Actions _____

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>1. Article Addressed to:</p> <p>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0007 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</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>3. Service Type</p> <p><input 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</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from se) 7013 2630 0000 0975 9055

CERTIFIED MAIL™



7013 2630 0000 0975 9055



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0007
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0007
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 2630 0000 0975 9055**
(Transfer from st)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0007
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

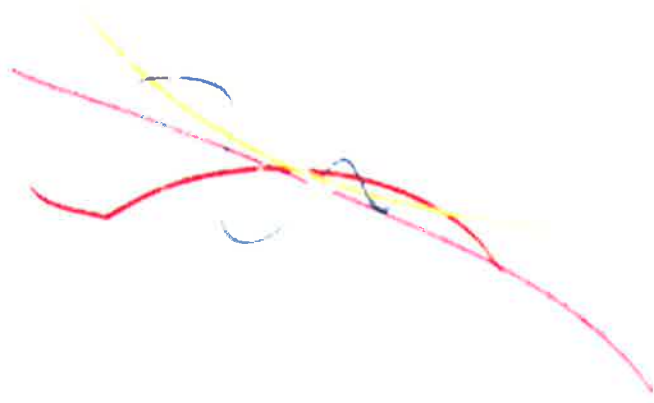
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017



U.S. Postal Service™
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 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7013 2630 0000 0975 9062

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0018
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form _____ Actions _____

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>J. W. [unclear]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____	
1. Article Addressed to: General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0018 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____	
2. Article Number (Transfer from st) 7013 2630 0000 0975 9062	3. Service Type <input 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	

CERTIFIED MAIL™



7013 2630 0000 0975 9062



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0018
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

PLACE STICKER AT TOP OF LOOP TO THE RIGHT OF THE ADDRESS LABEL

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0018
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from si) 7013 2630 0000 0975 9062

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0018
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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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: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0105

Street, or PO Box ADDRESS:
 12405 POWERSCOURT DRIVE
 City, State ST LOUIS, MO 63131

PS Form

7013 2630 0000 0975 9079

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>1. Article Addressed to:</p> <p style="margin-left: 40px;">General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0105 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>A. Signature <input 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 If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from s) 7013 2630 0000 0975 9079

PS Form 3811, July 2013 Domestic Return Receipt



7013 2630 0000 0975 9079



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0105
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0105
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from s) 7013 2630 0000 0975 9079

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0105
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola O. Cody".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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OFFICIAL USE

7013 2630 0000 0975 9086

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0019
 Street, A or PO Box ADDRESS:
 12405 POWERSCOURT DRIVE
 City, State ST LOUIS, MO 63131

PS Form 3811, July 2013

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0019
ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) **7013 2630 0000 0975 9086**

CERTIFIED MAIL™



70J3 2630 0000 0975 908B



General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0019
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0019
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- 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®
- Registered
- Insured Mail
- Restricted Delivery? (Extra Fee)
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery
- Yes

2. Article Number (Transfer from s) 70J3 2630 0000 0975 908B

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0019
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola Cody".

Viola Cody

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

7013 2630 0000 0975 9093

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0020
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0020
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Handwritten Signature]*

B. Received by (Printed Name): *[Handwritten Name]*

C. Date of Delivery: *9/9/14*

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 serial number) **7013 2630 0000 0975 9093**



7013 2630 0000 0975 9093



General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0020
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0020
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Agent
 Addressee
- 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®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from se)

7013 2630 0000 0975 9093

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0020
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 9109

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

Sent To: General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0050
 Street, Apt. or PO Box ADDRESS:
 12405 POWERSCOURT DRIVE
 City, State ST LOUIS, MO 63131

PS Form 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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 9/5/14</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>General Manager/Office Manager FALCON CABLE SYSTEMS COMPANY II LP COMMUNITY ID#: NV0050 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</p>	<p>3. Service Type</p> <p><input 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</p>
<p>2. Article Number 7013 2630 0000 0975 9109 (Transfer from se)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

OF THE AIR ADDRESS, QUANTIFIED AIR
CERTIFIED MAIL™



7013 2630 0000 0975 9109



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0050
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
COMMUNITY ID#: NV0050
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7013 2630 0000 0975 9109
(Transfer from se)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0050
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola O Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 9284

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

Postmark
Here

Sent To General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 Street, # COMMUNITY ID#: NV0003
 or PO B ADDRESS:
 City, Sta 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form

uctions

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV0003
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

2. Article Number
 (Transfer from s) 7013 2630 0000 0975 9284

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Handwritten Signature]

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

PS Form 3811, July 2013

Domestic Return Receipt



7013 2630 0000 0975 9284



UNITED STATES POSTAGE
 PITNEY BOWES
 02 1P
 \$ 006.480
 0001762104 SEP 04 2014
 MAILED FROM ZIP CODE 89502

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV00003
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II LP
 COMMUNITY ID#: NV00003
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 2630 0000 0975 9284**
 (Transfer from s)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II LP
Community Unit: NV0003
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II LP that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola O. Cody".

Viola O. Cody

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7013 2630 0000 0975 9291

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

Postmark
Here

Sent To General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II, L.P.
 COMMUNITY ID#: NV0129
 Street, A or PO Box ADDRESS:
 12405 POWERSCOURT DRIVE
 City, State ST LOUIS, MO 63131

PS Form

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:

General Manager/Office Manager
 FALCON CABLE SYSTEMS COMPANY II, L.P.
 COMMUNITY ID#: NV0129
 ADDRESS:
 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

2. Article Number
 (Transfer from s)

7013 2630 0000 0975 9291

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

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

CERTIFIED MAIL™



7013 2630 0000 0975 9291



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II, L.P.
COMMUNITY ID#: NV0129
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

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:

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II, L.P.
COMMUNITY ID#: NV0129
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

7013 2630 0000 0975 9291

(Transfer from s

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
FALCON CABLE SYSTEMS COMPANY II, L.P.
Community Unit: NV0129
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to FALCON CABLE SYSTEMS COMPANY II, L.P. that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads 'Viola Cody'.

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

U.S. Postal Service™
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OFFICIAL USE

7013 2630 0000 0975 9307

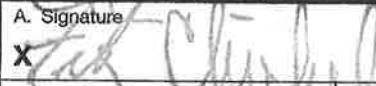
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To: General Manager/Office Manager
 INTERLINK COMMUNICATIONS PARTNERS, LLC
 Street, A COMMUNITY ID#: CA0760
 or PO Box ADDRESS:
 City, Sta. 12405 POWERSCOURT DRIVE
 ST LOUIS, MO 63131

PS Form

ctions

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager INTERLINK COMMUNICATIONS PARTNERS, LLC COMMUNITY ID#: CA0760 ADDRESS: 12405 POWERSCOURT DRIVE ST LOUIS, MO 63131</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>3. Service Type</p> <p><input 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number : _____ (Transfer from sei)</p>	<p>7013 2630 0000 0975 9307</p>

051111123 1141123 1111



7013 2630 0000 0975 9307



UNITED STATES POSTAGE
FITNEY BOWES
\$ 006.480
02 1P
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
INTERLINK COMMUNICATIONS PARTNERS, LLC
COMMUNITY ID#: CA0760
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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:

General Manager/Office Manager
INTERLINK COMMUNICATIONS PARTNERS, LLC
COMMUNITY ID#: CA0760
ADDRESS:
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

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 **7013 2630 0000**

(*Transfer from sel*)

0975 9307

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
INTERLINK COMMUNICATIONS PARTNERS, LLC
Community Unit: CA0760
12405 POWERSCOURT DRIVE
ST LOUIS, MO 63131

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC (“Licensee”), the licensee of television station KREN-TV, Reno, NV (the “Station”), located in the RENO DMA, hereby gives notice to INTERLINK COMMUNICATIONS PARTNERS, LLC that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC’s Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC’s rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision’s express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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Very truly yours,

A handwritten signature in blue ink that reads 'Viola U. Cody'.

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 9314

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

Postmark
Here

Sent To General Manager/Office Manager
 NPG CABLE, LLC
 Street, COMMUNITY ID#: CA1465
 or PO B ADDRESS:
 City, St. 520 MARYVILLE CENTRE DRIVE
 ST. LOUIS, MO 63141

PS Form

uctions

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:

General Manager/Office Manager
 NPG CABLE, LLC
 COMMUNITY ID#: CA1465
 ADDRESS:
 520 MARYVILLE CENTRE DRIVE
 ST. LOUIS, MO 63141

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Receiver (Printed Name)

C. Date of Delivery

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

Rec'd by Mailroom
 Cequel III/Suddenlink

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 se

7013 2630 0000 0975 9314

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



7013 2630 0000 0975 9314



UNITED STATES POSTAGE
RITNEY BOWES
\$ 006.480
02 1P
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
NPG CABLE, LLC
COMMUNITY ID#: CA1465
ADDRESS:
520 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

General Manager/Office Manager
NPG CABLE, LLC
COMMUNITY ID#: CA1465
ADDRESS:
520 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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™
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 2630 0000 0975 9314**
(Transfer from se)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
NPG CABLE, LLC
Community Unit: CA1465
520 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to NPG CABLE, LLC that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads 'Viola Cody'.

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

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

7013 2630 0000 0975 9321

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

Postmark
Here

Sent To General Manager/Office Manager
 NPG CABLE, LLC
 COMMUNITY ID#: CA0788
Street, A or PO Box ADDRESS:
 520 MARYVILLE CENTRE DRIVE
City, State ST. LOUIS, MO 63141

PS Form

ctions

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:

General Manager/Office Manager
 NPG CABLE, LLC
 COMMUNITY ID#: CA0788
 ADDRESS:
 520 MARYVILLE CENTRE DRIVE
 ST. LOUIS, MO 63141

2. Article Number
 (Transfer from se

7013 2630 0000 0975 9321

PS Form 3811, July 2013

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

*Rec'd by Mailroom
 Suddenlink*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

Domestic Return Receipt

QUALIFIED MAIL™



7013 2630 0000 0975 9321



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0001762104
\$ 006.480
SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
NPG CABLE, LLC
COMMUNITY ID#: CA0788
ADDRESS:
520 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

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:

General Manager/Office Manager
NPG CABLE, LLC
COMMUNITY ID#: CA0788
ADDRESS:
520 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from se

7013 2630 0000 0975 9321

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
NPG CABLE, LLC
Community Unit: CA0788
520 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to NPG CABLE, LLC that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U C f".

Viola Cody

Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

7013 2630 0000 0975 9390

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

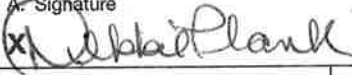

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: General Manager/Office Manager
VOLCANO VISION INC
Street, A: COMMUNITY ID#: CA1390
or PO Box ADDRESS:
City, State: PO Box 890
PINE GROVE, CA 95665

PS Form 3811, July 2013

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Deborah Plank</p> <p>C. Date of Delivery </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>General Manager/Office Manager VOLCANO VISION INC COMMUNITY ID#: CA1390 ADDRESS: PO Box 890 PINE GROVE, CA 95665</p>	<p>3. Service Type</p> <input 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
<p>2. Article Number (Transfer from sender)</p> <p>7013 2630 0000 0975 9390</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



7013 2630 0000 0975 9390



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
VOLCANO VISION INC
COMMUNITY ID#: CA1390
ADDRESS:
PO Box 890
PINE GROVE, CA 95665

PRINTED AT THE RIGHT PLACE FOR THE LEFT

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:

General Manager/Office Manager
VOLCANO VISION INC
COMMUNITY ID#: CA1390
ADDRESS:
PO Box 890
PINE GROVE, CA 95665

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from se)

7013 2630 0000 0975 9390

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
VOLCANO VISION INC
Community Unit: CA1390
PO Box 890
PINE GROVE, CA 95665

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to VOLCANO VISION INC that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,


Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

7013 2630 0000 0975 9406

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 & Fees	\$

Postmark
Here

Sent To General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA1498
Street, or PO Box ADDRESS:
106 STEERBROOK ROAD
City, State COUDERSPORT, PA 16915

PS Form

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:

General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA1498
ADDRESS:
106 STEERBROOK ROAD
COUDERSPORT, PA 16915

2. Article Number
(Transfer from s)

7013 2630 0000 0975 9406

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
David Snyder

B. Received by (Printed Name) *David Snyder*
C. Date of Delivery *09/08/14*

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

GUARANTEED MAIL™



7013 2630 0000 0975 9406



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$006.480
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502

General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA1498
ADDRESS:
106 STEERBROOK ROAD
COUDERSSPORT, PA 16915

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:

General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA1498
ADDRESS:
106 STEERBROOK ROAD
COUDERSSPORT, PA 16915

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

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

Agent
 Addressee
 Yes
 No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery
- Restricted Delivery? (Extra Fee)

2. Article Number

Transfer from s 7013 2630 0000 0975 9406

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
ZITO MEDIA, L.P.
Community Unit: CA1498
106 STEERBROOK ROAD
COUDERSPORT, PA 16915

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to ZITO MEDIA, L.P. that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

We have made arrangements with Univision Communications Inc. for it to represent us in retransmission negotiations on behalf of the Station, which is an affiliate of the Univision or UniMas network. Any Station correspondence regarding retransmission consent matters should be addressed to Friday Abernethy at 605 Third Avenue, 12th Floor, New York, NY 10158, phone number (646) 885-7169. Our representatives at Univision will contact your corporate office to discuss the terms of retransmission consent for the Station. If there is a particular person or team, other than your corporate office, charged with handling retransmission consent discussions for this cable television system, please advise our representative named above and we will be happy to ensure that person is contacted accordingly.

Please note that you may receive more than one communication from the Station concerning our election of retransmission consent for the system(s). This possible duplication of letters simply reflects our efforts to ensure that this notice reaches the appropriate party at your system(s).

If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017

7013 2630 0000 0975 9413

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 & Fees	\$

Postmark
Here

Sent To General Manager/Office Manager
ZITO MEDIA, L.P.
Street, COMMUNITY ID#: CA0666
or PO ADDRESS:
City, St: 106 STEERBROOK ROAD
COUDERSPORT, PA 16915

PS Form

uctions

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:

General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA0666
ADDRESS:
106 STEERBROOK ROAD
COUDERSPORT, PA 16915

2. Article Number
(Transfer from se **7013 2630 0000 0975 9413**)

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *David Snyder* Agent
 Addressee

B. Received by (Printed Name) **David Snyder** C. Date of Delivery **08/08/14**

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

CERTIFIED MAIL™



7013 2630 0000 0975 9413



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0001762104 SEP 04 2014
MAILED FROM ZIP CODE 89502
\$ 006.480

General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA0666
ADDRESS:
106 STEERBROOK ROAD
COUDERSPORT, PA 16915

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

General Manager/Office Manager
ZITO MEDIA, L.P.
COMMUNITY ID#: CA0666
ADDRESS:
106 STEERBROOK ROAD
COUDERSPORT, PA 16915

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? If YES, enter delivery address below:

Yes
 No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from sé) 7013 2630 0000 0975 9413

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
ZITO MEDIA, L.P.
Community Unit: CA0666
106 STEERBROOK ROAD
COUDERSPORT, PA 16915

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to ZITO MEDIA, L.P. that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

A handwritten signature in blue ink that reads "Viola U. Cody".

Viola Cody
Senior Vice President

300 S. Wells Avenue
Suite 12
Reno, Nevada 89502
Tel. 775-333-1017