

RENO

PART 1

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 8676

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

Sent To: General Manager/Office Manager
 CALNEVA BROADBAND, LLC
 COMMUNITY ID#: CA0831
 ADDRESS:
 PO Box 3200
 CLOVIS, CA 93613

PS Form 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
 CALNEVA BROADBAND, LLC
 COMMUNITY ID#: CA0831
 ADDRESS:
 PO Box 3200
 CLOVIS, CA 93613

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kathy Beland* Agent Addressee

B. Received by (Printed Name): *Kathy Beland*

C. Date of Delivery: *SEP 29 2014*

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 se)

7013 2630 0000 0975 8676

PS Form 3811, July 2013

Domestic Return Receipt

051111111111



7013 2630 0000 0975 8676



General Manager/Office Manager
CALNEVA BROADBAND, LLC
COMMUNITY ID#: CA0831
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

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
CALNEVA BROADBAND, LLC
COMMUNITY ID#: CA0831
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

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 se

7013 2630 0000 0975 8676

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CALNEVA BROADBAND, LLC
Community Unit: CA0831
PO Box 3200
CLOVIS, CA 93613

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 CALNEVA 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).

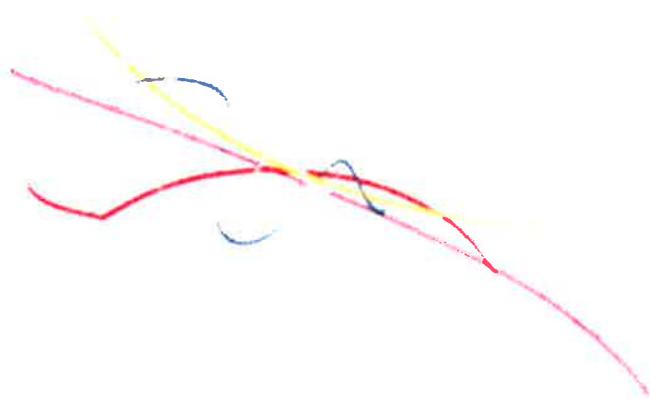
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

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



7013 2630 0000 0975 8720

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 CALNEVA BROADBAND, LLC COMMUNITY ID#: CA0008	
Street, or PO Box	ADDRESS: PO Box 3200	
City, State	CLOVIS, CA 93613	
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:

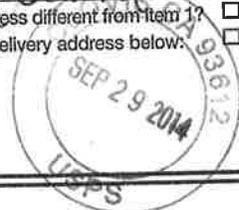
General Manager/Office Manager
CALNEVA BROADBAND, LLC
COMMUNITY ID#: CA0008
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Kathy J. [Signature]

B. Received by (Printed Name) *Kathy Beland* C. Date of Delivery

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 8720**
 (Transfer from s)

CERTIFIED MAIL™



70J3 2630 0000 0975 8720



General Manager/Office Manager
CALNEVA BROADBAND, LLC
COMMUNITY ID#: CA0008
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

DO NOT WRITE IN THESE SPACES
DO NOT WRITE IN THESE SPACES

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
CALNEVA BROADBAND, LLC
COMMUNITY ID#: CA0008
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

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 8720**
(Transfer from s)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CALNEVA BROADBAND, LLC
Community Unit: CA0008
PO Box 3200
CLOVIS, CA 93613

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 CALNEVA 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).

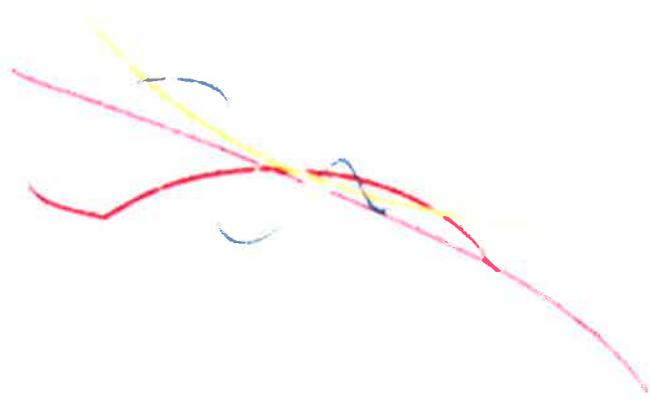
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

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



7013 2630 0000 0975 8737

U.S. Postal ServiceTM
CERTIFIED MAILTM 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 CALNEVA BROADBAND, LLC COMMUNITY ID#: NV0054	
Street, or PO B	ADDRESS: PO Box 3200	
City, State	CLOVIS, CA 93613	
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
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0054
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Kathy Belera*

B. Received by (Printed Name) *Kathy Belera* C. Date of Delivery

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 8737**
(Transfer from sender)

CERTIFIED MAIL™



7013 2630 0000 0975 8737



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

General Manager/Office Manager
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0054
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

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
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0054
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

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 8737
(Transfer from se)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CALNEVA BROADBAND, LLC
Community Unit: NV0054
PO Box 3200
CLOVIS, CA 93613

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 CALNEVA 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™
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 8683

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

Sent To: General Manager/Office Manager
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0076

Street, Ap or PO Box: ADDRESS:
PO Box 3200
City, State: CLOVIS, CA 93613

PS Form 3800, August 2008

Postmark Here

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
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0076
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *Lynn Beland*

C. Date of Delivery

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

SEP 29 2014
33612
USPS

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 8683**

CERTIFIED MAIL™



7013 2630 0000 0975 8683



General Manager/Office Manager
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0076
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

PLACE STICKER TOP LEFT CORNER OF 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
CALNEVA BROADBAND, LLC
COMMUNITY ID#: NV0076
ADDRESS:
PO Box 3200
CLOVIS, CA 93613

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
<input checked="" type="checkbox"/>		<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 (Transfer from se) **7013 2630 0000 0975 8683**

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CALNEVA BROADBAND, LLC
Community Unit: NV0076
PO Box 3200
CLOVIS, CA 93613

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 CALNEVA 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).

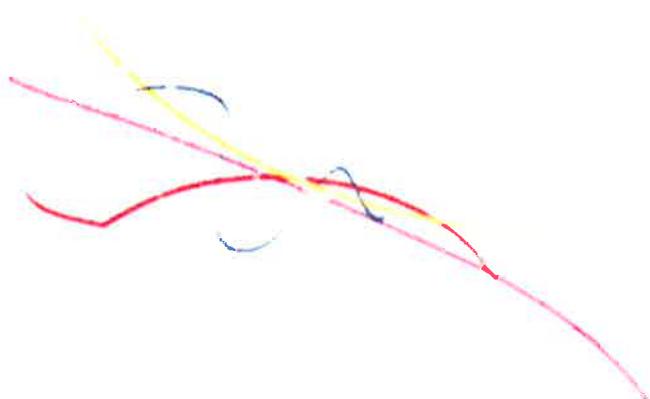
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

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™
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 8690

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

Sent To	General Manager/Office Manager
Street, or PO E	CC COMMUNICATIONS
City, St	COMMUNITY ID#: NV0125
	ADDRESS:
	PO Box 1390
	FALLON, NV 89406

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
 CC COMMUNICATIONS
 COMMUNITY ID#: NV0125
ADDRESS:
 PO Box 1390
 FALLON, NV 89406

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
P. Brown

B. Received by (Printed Name) C. Date of Delivery
P. BROWN 9/8/14

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 se) **7013 2630 0000 0975 8690**

CERTIFIED MAIL™



70J3 2630 0000 0975 8690



General Manager/Office Manager
CC COMMUNICATIONS
COMMUNITY ID#: NV0125
ADDRESS:
PO Box 1390
FALLON, NV 89406

DO NOT WRITE IN THESE SPACES. WHEN WRITING, PLEASE 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
CC COMMUNICATIONS
COMMUNITY ID#: NV0125
ADDRESS:
PO Box 1390
FALLON, NV 89406

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
- | | |
|--|---|
| <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) Yes

2. Article Number 70J3 2630 0000 0975 8690
(Transfer from se)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CC COMMUNICATIONS
Community Unit: NV0125
PO Box 1390
FALLON, NV 89406

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 CC COMMUNICATIONS 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 8751



General Manager/Office Manager
CC COMMUNICATIONS
COMMUNITY ID#: NV0125
ADDRESS:
50 W WILLIAMS AVENUE
FALLON, NV 89406

RIGHT TO DISCONTINUE TOP OF THE RIGHT SIDE OF THE RECEIPT

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
CC COMMUNICATIONS
COMMUNITY ID#: NV0125
ADDRESS:
50 W WILLIAMS AVENUE
FALLON, NV 89406

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 service #)

7013 2630 0000 0975 8751

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CC COMMUNICATIONS
Community Unit: NV0125
50 W WILLIAMS AVENUE
FALLON, NV 89406

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 CC COMMUNICATIONS 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

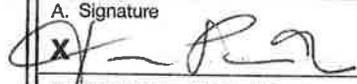
7013 2630 0000 0975 8744

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

Sent To: General Manager/Office Manager
 CC COMMUNICATIONS
 COMMUNITY ID#: NV0124
 ADDRESS:
 50 W WILLIAMS AVENUE
 FALLON, NV 89406

Street, P or PO B:
 City, Sta:

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>1. Article Addressed to:</p> <p>General Manager/Office Manager CC COMMUNICATIONS COMMUNITY ID#: NV0124 ADDRESS: 50 W WILLIAMS AVENUE FALLON, NV 89406</p> <p>2. Article Number (Transfer from st) 7013 2630 0000 0975 8744</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tina Runchard</p> <p>C. Date of Delivery 12/9/14</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 1750 West Williams Ave</p> <p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



7013 2630 0000 0975 8744



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

General Manager/Office Manager
CC COMMUNICATIONS
COMMUNITY ID#: NV0124
ADDRESS:
50 W WILLIAMS AVENUE
FALLON, NV 89406

PRINT THE TOP OF ENVELOPE ON A FLAT SURFACE

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
CC COMMUNICATIONS
COMMUNITY ID#: NV0124
ADDRESS:
50 W WILLIAMS AVENUE
FALLON, NV 89406

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® 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 8744**
(*Transfer from se*)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CC COMMUNICATIONS
Community Unit: NV0124
50 W WILLIAMS AVENUE
FALLON, NV 89406

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

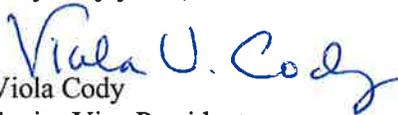
Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to CC COMMUNICATIONS that, pursuant to Section 325(b)(3)(B) of the Communications Act and 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

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 8768

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

Sent To: General Manager/Office Manager
 CC COMMUNICATIONS
 COMMUNITY ID#: NV0124

Street, # or PO B: ADDRESS:
 PO Box 1390

City, Sta: FALLON, NV 89406

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addresssee	
	B. Received by (Printed Name) <i>P. Brown</i> C. Date of Delivery <i>9/8/14</i>	
1. Article Addressed to: General Manager/Office Manager CC COMMUNICATIONS COMMUNITY ID#: NV0124 ADDRESS: PO Box 1390 FALLON, NV 89406	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 st)	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	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7013 2630 0000 0975 8768		
Domestic Return Receipt		

CERTIFIED MAIL™



7013 2630 0000 0975 8768



General Manager/Office Manager
 CC COMMUNICATIONS
 COMMUNITY ID#: NV0124
ADDRESS:
 PO Box 1390
 FALLON, NV 89406

PLACE STICKER TO THE RIGHT OF THE RETURN ADDRESS. DO NOT COVER THE RETURN 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
 CC COMMUNICATIONS
 COMMUNITY ID#: NV0124
ADDRESS:
 PO Box 1390
 FALLON, NV 89406

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? 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 si) 7013 2630 0000 0975 8768

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CC COMMUNICATIONS
Community Unit: NV0124
PO Box 1390
FALLON, NV 89406

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 CC COMMUNICATIONS 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).

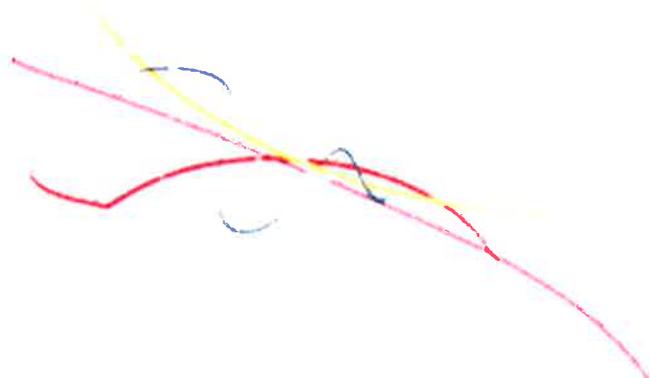
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

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 8775

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

Sent To General Manager/Office Manager
 CEQUEL III COMMUNICATIONS I, LLC
 COMMUNITY ID#: CA1791

Street, or PO Box ADDRESS:
 520 MARYVILLE CENTRE DRIVE

City, State ST. LOUIS, MO 63141

PS Form 3811, July 2013 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"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager CEQUEL III COMMUNICATIONS I, LLC COMMUNITY ID#: CA1791 ADDRESS: 520 MARYVILLE CENTRE DRIVE ST. LOUIS, MO 63141</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>Rec'd by mailroom Cequel III/Sud...</i></p>	
<p>2. Article Number (Transfer from se) 7013 2630 0000 0975 8775</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>PS Form 3811, July 2013</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p>	

GENIUM MAIL™



7013 2630 0000 0975 8775



General Manager/Office Manager
CEQUEL III COMMUNICATIONS I, LLC
COMMUNITY ID#: CA1791
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
CEQUEL III COMMUNICATIONS I, LLC
COMMUNITY ID#: CA1791
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 8775

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CEQUEL III COMMUNICATIONS I, LLC
Community Unit: CA1791
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 CEQUEL III COMMUNICATIONS I, 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).

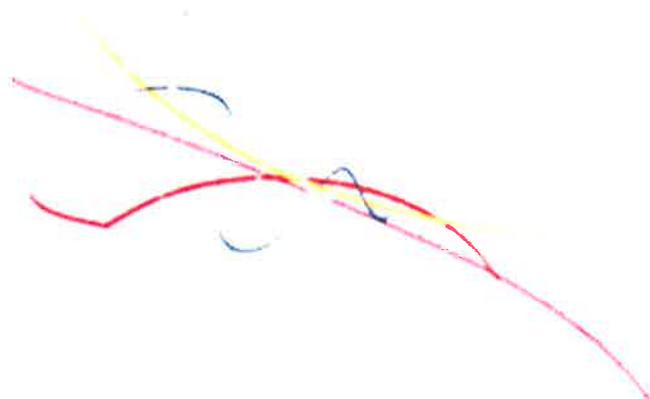
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

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™
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 8706

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

Postmark
Here

Sent To
Street, A
or PO Box
City, Sta
PS Form

General Manager/Office Manager
 CHRISTIAN ENTERPRISES INC
 COMMUNITY ID#: NV0107
ADDRESS:
 PO Box 300
 PIOCHE, NV 89043

actions

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
 CHRISTIAN ENTERPRISES INC
 COMMUNITY ID#: NV0107
ADDRESS:
 PO Box 300
 PIOCHE, NV 89043

2. Article Number
(Transfer from)

7013 2630 0000 0975 8706

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

- 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 8706



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

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0107
ADDRESS:
PO Box 300
PIOCHE, NV 89043

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD 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
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0107
ADDRESS:
PO Box 300
PIOCHE, NV 89043

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

2. Article Number 7013 2630 0000 0975 8706
(Transfer from)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
Community Unit: NV0107
PO Box 300
PIOCHE, NV 89043

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

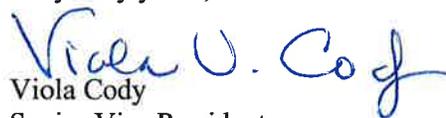
Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to CHRISTIAN ENTERPRISES INC that, pursuant to Section 325(b)(3)(B) of the Communications 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

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 8782

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To	General Manager/Office Manager CHRISTIAN ENTERPRISES INC COMMUNITY ID#: NV0109	
Street, Apt or PO Box	ADDRESS: PO Box 300	
City, State	PIOCHE, NV 89043	
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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Valinda Woodworth 9/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>General Manager/Office Manager CHRISTIAN ENTERPRISES INC COMMUNITY ID#: NV0109 ADDRESS: PO Box 300 PIOCHE, NV 89043</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 se)</p> <p>7013 2630 0000 0975 8782</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES MAIL™



7013 2630 0000 0975 8782



General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0109
ADDRESS:
PO Box 300
PIOCHE, NV 89043

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
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0109
ADDRESS:
PO Box 300
PIOCHE, NV 89043

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 0975 8782**
(Transfer from se)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
Community Unit: NV0109
PO Box 300
PIOCHE, NV 89043

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

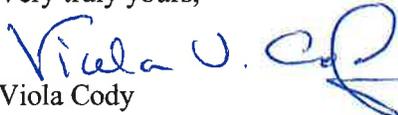
Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the RENO DMA, hereby gives notice to CHRISTIAN ENTERPRISES INC that, pursuant to Section 325(b)(3)(B) of the Communications 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 8799

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
Street, /
or PO B
City, St

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0108
ADDRESS:
PO Box 300
PIOCHE, NV 89043

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. 	<p>A. Signature <i>J. Woodworth</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Valinda Woodworth</i> C. Date of Delivery <i>9/9/14</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 CHRISTIAN ENTERPRISES INC COMMUNITY ID#: NV0108 ADDRESS: PO Box 300 PIOCHE, NV 89043</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 8799</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



7013 2630 0000 0975 8799



General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0108
ADDRESS:
PO Box 300
PICOHE, NV 89043

PRINTED ADDRESS, REMOVE AND PLACE
STICKER AT TOP OF ENVELOPE

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
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0108
ADDRESS:
PO Box 300
PICOHE, NV 89043

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)

7013 2630 0000 0975 8799

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
Community Unit: NV0108
PO Box 300
PIOCHE, NV 89043

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 CHRISTIAN ENTERPRISES 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).

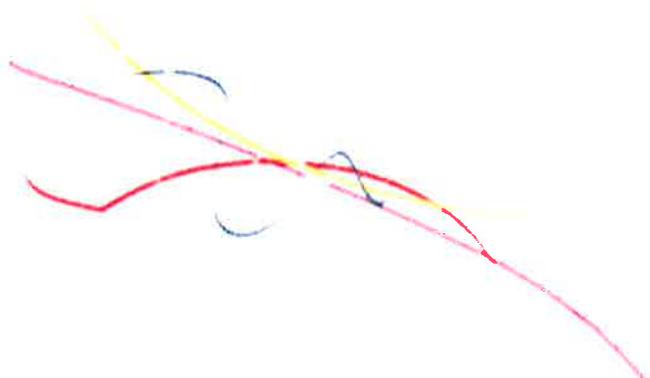
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

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 8713
 ETO

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

Postmark
Here

Sent To
 Street, A
 or PO Box
 City, Sta

General Manager/Office Manager
 CHRISTIAN ENTERPRISES INC
 COMMUNITY ID#: NV0106
ADDRESS:
 PO Box 300
 PIOCHE, NV 89043

PS Form

actions

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
 CHRISTIAN ENTERPRISES INC
 COMMUNITY ID#: NV0106
ADDRESS:
 PO Box 300
 PIOCHE, NV 89043

2. Article Number

(Transfer from sender)

7013 2630 0000 0975 8713

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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

UNITED STATES POSTAGE



7013 2630 0000 0975 8713



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

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0106
ADDRESS:
PO Box 300
PIOCHE, NV 89043

PLACE STICKER ABOVE OR 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
CHRISTIAN ENTERPRISES INC
COMMUNITY ID#: NV0106
ADDRESS:
PO Box 300
PIOCHE, NV 89043

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® 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 8713**

(Transfer from se
PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
CHRISTIAN ENTERPRISES INC
Community Unit: NV0106
PO Box 300
PIOCHE, NV 89043

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 CHRISTIAN ENTERPRISES 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

CERTIFIED MAIL™



7013 2630 0000 0975 8805



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

General Manager/Office Manager
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA1305
ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

DO NOT REMOVE THIS LABEL FROM THE ENVELOPE TO THE RIGHT. PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT AT RETURN ADDRESS. DO NOT WRITE ON THIS 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
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA1305
ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

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 8805**
 (Transfer from se)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
Community Unit: CA1305
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 COMCAST OF CALIFORNIA VII 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).

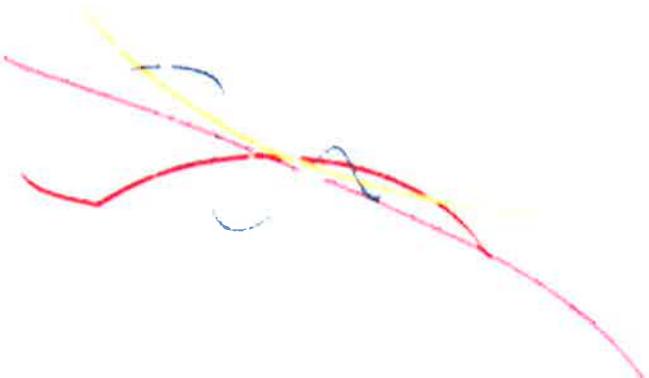
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

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 8812

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
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA1012
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

Street, or PO E
City, State

PS Form 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
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA1012
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X **COMCAST CORPORATION** Addressee
ONE COMCAST CENTER
- B. Received by (Printed Name) **PHILADELPHIA, PA 19103-2000** C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service) **7013 2630 0000 0975 8812**

CERTIFIED MAIL™



7013 2630 0000 0975 8812



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

General Manager/Office Manager
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA1012
 ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

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
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA1012
 ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee
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

(Transfer from service)

7013 2630 0000 0975 8812

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
Community Unit: CA1012
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 COMCAST OF CALIFORNIA VII 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).

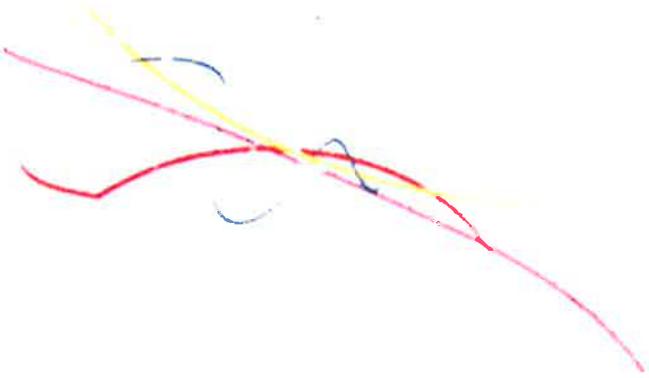
If you have any questions concerning this election please do not hesitate to contact me at (775) 333-1017. Our partnerships with the cable systems are very important to us. We look forward to an ongoing and mutually beneficial relationship with your company.

Very truly yours,

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 8829

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	\$	
Sent To	General Manager/Office Manager COMCAST OF CALIFORNIA VII INC COMMUNITY ID#: CA0635	
Street, J or PO B	ADDRESS: ONE COMCAST CENTER	
City, St	PHILADELPHIA, PA 19103	
PS Form		uctions

<p>SENDER: COMPLETE THIS SECTION</p> <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>General Manager/Office Manager COMCAST OF CALIFORNIA VII INC COMMUNITY ID#: CA0635 ADDRESS: ONE COMCAST CENTER PHILADELPHIA, PA 19103</p> <p>2. Article Number (Transfer from se) 7013 2630 0000 0975 8829</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Name] C. Date of Delivery [Date]</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 <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>
---	--

CERTIFIED MAIL™



7013 2630 0000 0975 8829



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

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA0635
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

PLACE TICKET AT TOP OF MAILPIECE

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
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA0635
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 se) 7013 2630 0000 0975 8829

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
Community Unit: CA0635
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 COMCAST OF CALIFORNIA VII 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,

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 8843

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

Postmark
Here

Sent To
 Street, A
 or PO Box
 City, State

General Manager/Office Manager
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA1193
ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

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
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA1193
ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

2. Article Number
 (Transfer from ser

7013 2630 0000 0975 8843

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

VENTURE MAIL™



7013 2630 0000 0975 8843



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

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA1193
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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.

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA1193
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 8843**
(Transfer from ser)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
Community Unit: CA1193
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 COMCAST OF CALIFORNIA VII 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 8850

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 P	

Postmark
Here

Sent To
Street,
or PO B
City, St

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA0270
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

PS Form 3811, August 2003

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
COMCAST OF CALIFORNIA VII INC
COMMUNITY ID#: CA0270
ADDRESS:
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

2. Article Number
(Transfer from ser

7013 2630 0000 0975 8850

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 COMCAST CORPORATION Addressee
- B. Received By (Printed Name) **ONE COMCAST CENTER**
PHILADELPHIA PA 19103-2038
- 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 8850



General Manager/Office Manager
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA0270
ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

PRINT THE RIGHT SIDE OF THE RETURN TICKET AT THE TOP OF THE DOTTED LINE
 PLACE TICKET AT TOP RIGHT OF THE RETURN ENVELOPE

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
 COMCAST OF CALIFORNIA VII INC
 COMMUNITY ID#: CA0270
ADDRESS:
 ONE COMCAST CENTER
 PHILADELPHIA, PA 19103

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from ser) 7013 2630 0000 0975 8850

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
COMCAST OF CALIFORNIA VII INC
Community Unit: CA0270
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

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 COMCAST OF CALIFORNIA VII 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,

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 8867

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

Sent To: General Manager/Office Manager
 COMSTOCK COMMUNITY TELEVISION INC
 COMMUNITY ID#: NV0026
 ADDRESS:
 PO Box 9
 VIRGINIA CY, NV 89440

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

General Manager/Office Manager
 COMSTOCK COMMUNITY TELEVISION INC
 COMMUNITY ID#: NV0026
 ADDRESS:
 PO Box 9
 VIRGINIA CY, NV 89440

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 X B Polun Addresssee
- B. Received by (Printed Name) 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 8867

CERTIFIED MAIL™



7013 2630 0000 0975 8867



General Manager/Office Manager
COMSTOCK COMMUNITY TELEVISION INC
COMMUNITY ID#: NV0026
ADDRESS:
PO Box 9
VIRGINIA CY, NV 89440

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
COMSTOCK COMMUNITY TELEVISION INC
COMMUNITY ID#: NV0026
ADDRESS:
PO Box 9
VIRGINIA CY, NV 89440

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)

7013 2630 0000 0975 8867

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager/Office Manager
COMSTOCK COMMUNITY TELEVISION INC
Community Unit: NV0026
PO Box 9
VIRGINIA CY, NV 89440

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 COMSTOCK COMMUNITY TELEVISION 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,

A handwritten signature in blue ink that reads "Viola Cody" followed by a stylized flourish.

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 8874

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

Postmark
Here

Sent To
 General Manager/Office Manager
 ESCAPE BROADBAND, LLC
 COMMUNITY ID#: CA1384
ADDRESS:
 11200 DONNER PASS ROAD #200
 TRUCKEE, CA 96161

Street, A or PO B.
City, Sta

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
 ESCAPE BROADBAND, LLC
 COMMUNITY ID#: CA1384
ADDRESS:
 11200 DONNER PASS ROAD #200
 TRUCKEE, CA 96161

2. Article Number
 (Transfer from se

7013 2630 0000 0975 8874

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J. Swalander

C. Date of Delivery
 9/16/14

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

Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

CERTIFIED MAIL™

OF THE RETURN ADDRESS FOLD A DOTTED LINE



7013 2630 0000 0975 8874



General Manager/Office Manager
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1384
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

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
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1384
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

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® 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 8874
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: CA1384
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™
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 8881

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#: CA1383	
Street, A or PO Box	ADDRESS:	
	11200 DONNER PASS ROAD #200	
City, State	TRUCKEE, CA 96161	
PS Form		ctions

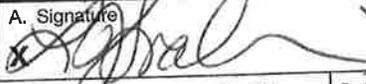
SENDER: COMPLETE THIS SECTION

- 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
 ESCAPE BROADBAND, LLC
 COMMUNITY ID#: CA1383
ADDRESS:
 11200 DONNER PASS ROAD #200
 TRUCKEE, CA 96161

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) L. Swalander C. Date of Delivery 9/6/14

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 ser) **7013 2630 0000 0975 8881**

CERTIFIED MAIL™



7013 2630 0000 0975 8881



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

General Manager/Office Manager
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1383
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

PLACE STICKER ADDRESS 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
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1383
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

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 seal)

7013 2630 0000 0975 8881

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: CA1383
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™
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 8898

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

Postmark
Here

Sent To General Manager/Office Manager
 ESCAPE BROADBAND, LLC
 COMMUNITY ID#: CA1188
Street, or PO B ADDRESS:
 11200 DONNER PASS ROAD #200
City, St TRUCKEE, CA 96161
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 type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Usswalander</u> C. Date of Delivery <u>9/2/14</u></p> <p>D. Is delivery address different from item 1? <input checked="" 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 ESCAPE BROADBAND, LLC COMMUNITY ID#: CA1188 ADDRESS: 11200 DONNER PASS ROAD #200 TRUCKEE, CA 96161</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 se <u>7013 2630 0000 0975 8898</u>)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



7013 2630 0000 0975 8898



General Manager/Office Manager
ESCAPE BROADBAND, LLC
COMMUNITY ID#: CA1188
ADDRESS:
11200 DONNER PASS ROAD #200
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#: CA1188
ADDRESS:
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

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 se 7013 2630 0000 0975 8898
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: CA1188
11200 DONNER PASS ROAD #200
TRUCKEE, CA 96161

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

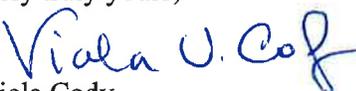
Entravision Communications Corporation, parent company of Entravision Holdings, LLC (“Licensee”), the licensee of television station KREN-TV, Reno, NV (the “Station”), located in the RENO DMA, hereby gives notice to ESCAPE BROADBAND, LLC that, pursuant to Section 325(b)(3)(B) of the Communications Act 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,


Viola Cody
Senior Vice President

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