

RENO

PART 2

Reno HE Contacts as of June 18, 2014

HE ID	HE Location	Distributor	Contact Name	Contact Address	Contact City	Contact ST	Contact Zip	Contact Code	Station/s certified receipt received date	Letter was returned	System / Distributor response	Additional Comments from the Station
NV67360	Reno	AT&T U-verse	General Manager	1880 Century Park East, Suite 1101	Los Angeles	CA	90067		9/8/2014			
CA04679	Westwood	CaiNeva Broadband, LLC	Jon Brooks	PO Box 3200	Clovis	CA	93613					
NV27427	Winnemucca	CaiNeva Broadband, LLC	Jon Brooks	PO Box 3200	Clovis	CA	93613					
NV63002	Fallon	CC Communications	John Powell	PO Box 1390	Fallon	NV	89407		9/8/2014			
NV27403	Carson City	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
NV27418	Gardnerville	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
NV27423	Hawthorne	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
NV63275	Reno	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
NV55891	Silver Springs	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
CA04406	South Lake Tahoe	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
NV27408	Yerington	Charter	Cheryl Chernisky	9335 Prototype Drive	Reno	NV	89521		9/6/2014			
NV27410	Virginia City	Comstock Community TV Inc	Gary Greenlund	PO Box 9	Virginia City	NV	89440		9/10/2014			
NV27462	Lovelock	GBIS COMMUNICATIONS	BRUCE ROBERTSON	PO Box 41436	Reno	NV	89505		9/8/2014			
NV27424	Battle Mountain	Satview Broadband LLC	Tariq Ahnad	P.O. Box 18148	Reno	NV	89511		9/8/2014			
NV65662	Wellington	Satview Broadband LLC	Tariq Ahnad	P.O. Box 18148	Reno	NV	89511		9/8/2014			
CA64628	June Lake	Suddenlink	General Manager	123 Commerce Drive, B6	Mammoth Lakes	CA	93546			9/9/2014 insufficient address		
CA04628	Mammoth Lakes	Suddenlink	General Manager	123 Commerce Drive, B6	Mammoth Lakes	CA	93546			9/9/2014 insufficient address		
CA04426	Susanville	Zito Media	General Manager	235 N Weatherflow St	Susanville	CA	96130		9/8/2014			

Note: Dish and DirecTV will include all stations in the Corporate notice.

Source:
2014 SNL Kagan MediaCensus, a division of SNL Financial LLC (Q1 2014 Estimates).

7014 0510 0000 5801 1915

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

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

Postmark
Here

Sent
AT&T U-verse
HE Location: Reno / NV67360
Street or P.O. Box
ADDRESS:
1880 Century Park East, Suite 1101
City, State, ZIP+4®
Los Angeles, CA 90067

PS R

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
AT&T U-verse
HE Location: Reno / NV67360
ADDRESS:
1880 Century Park East, Suite 1101
Los Angeles, CA 90067

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Debra J. Dobson Agent
 Addressee
- B. Received by (Printed Name)
Debra J. Dobson
- C. Date of Delivery
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 si)

7014 0510 0000 5801 1915

PS Form 3811, July 2013

Domestic Return Receipt

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7014 0510 0000 5801 1915



General Manager
AT&T U-verse
HE Location: Reno / NV67360
ADDRESS:
1880 Century Park East, Suite 1101
Los Angeles, CA 90067

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
AT&T U-verse
HE Location: Reno / NV67360
ADDRESS:
1880 Century Park East, Suite 1101
Los Angeles, CA 90067

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- 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*)

7014 0510 0000 5801 1915

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager
AT&T U-verse
HE Location: Reno
1880 Century Park East, Suite 1101
Los Angeles, CA 90067

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 AT&T U-verse 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

7013 2630 0000 0975 8492

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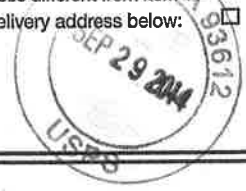
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

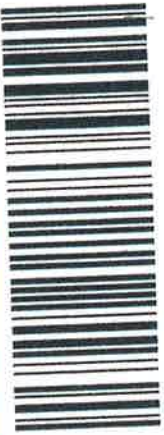
T Jon Brooks
 CalNeva Broadband, LLC
 HE Location: Westwood / CA04679
ADDRESS:
 PO Box 3200
 Clovis, CA 93613

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kathy Beland</i></p> <p>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>1. Article Addressed to:</p> <p>Jon Brooks CalNeva Broadband, LLC HE Location: Westwood / CA04679 ADDRESS: PO Box 3200 Clovis, CA 93613</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7013 2630 0000 0975 8492</i> (Transfer from se)</p>	

CERTIFIED MAIL™



7013 2630 0000 0975 8492



Jon Brooks
CalNeVa Broadband, LLC
HE Location: Westwood / CA04679
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:

Jon Brooks
CalNeVa Broadband, LLC
HE Location: Westwood / CA04679
ADDRESS:
PO Box 3200
Clovis, CA 93613

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) 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 No

2. Article Number (Transfer from st) 7013 2630 0000 0975 8492

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Jon Brooks
CalNeva Broadband, LLC
HE Location: Westwood
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,

Viola Cody
Senior Vice President

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7013 2630 0000 0975 8508

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F Jon Brooks		
Sent To	CalNeva Broadband, LLC	
	HE Location: Winnemucca / NV27427	
Street, P or PO B:	ADDRESS: PO Box 3200	
City, Sta	Clovis, CA 93613	

PS Form 3800, August 2006 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:

Jon Brooks
 CalNeva Broadband, LLC
 HE Location: Winnemucca / NV27427
ADDRESS:
 PO Box 3200
 Clovis, CA 93613

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Kathy Beland* 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 st) 7013 2630 0000 0975 8508

CERTIFIED MAIL™



7013 2630 0000 0975 8508

UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 006.48
0001762104 SEP 03 2014
MAILED FROM ZIP CODE 89502

Jon Brooks
CalNeVa Broadband, LLC
HE Location: Winnemucca / NV27427
ADDRESS:
PO Box 3200
Clovis, CA 93613

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Jon Brooks
CalNeVa Broadband, LLC
HE Location: Winnemucca / NV27427
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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from st

7013 2630 0000 0975 8508

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Jon Brooks
CalNeva Broadband, LLC
HE Location: Winnemucca
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.

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

Very truly yours,

Viola Cody
Senior Vice President

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OFFICIAL USE

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

7013 2630 0000 0975 8515

John Powell
 CC Communications
 HE Location: Fallon / NV63002
ADDRESS:
 PO Box 1390
 Fallon, NV 89407

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>John Powell CC Communications HE Location: Fallon / NV63002 ADDRESS: PO Box 1390 Fallon, NV 89407</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>P. Brown</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>P. Brown</i> <i>9/8/14</i></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>2. Article Number (Transfer from se) 7013 2630 0000 0975 8515</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL™



7013 2630 0000 0975 8515



John Powell
CC Communications
HE Location: Fallon / NV63002
ADDRESS:
PO Box 1390
Fallon, NV 89407

11018 8100 0100 0100 0100 0100 0100 0100

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Powell
CC Communications
HE Location: Fallon / NV63002
ADDRESS:
PO Box 1390
Fallon, NV 89407

2. Article Number
(Transfer from se)

7013 2630 0000 0975 8515

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



John Powell
CC Communications
HE Location: Fallon
PO Box 1390
Fallon, NV 89407

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.

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

Very truly yours,

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

Viola Cody
Senior Vice President

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

7013 2630 0000 0975 8522

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OFFICIAL USE

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

Cheryl Chernisky
Charter
HE Location: Carson City / NV27403
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

PS Form 3800, August 2006 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:

Cheryl Chernisky
Charter
HE Location: Carson City / NV27403
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

2. Article Number
(Transfer from se)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Charter

C. Date of Delivery
9-6

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

7013 2630 0000 0975 8522

CERTIFIED MAIL™



7013 2630 0000 0975 8522



02 1P
000176210
MAILED FRO1



Cheryl Chernisky
Charter
HE Location: Carson City / NV27403
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

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:

Cheryl Chernisky
Charter
HE Location: Carson City / NV27403
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X**
- B. Received by (Printed Name) Agent
 Addressee
- C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from se

7013 2630 0000 0975 8522

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Cheryl Chernisky
Charter
HE Location: Carson City
9335 Prototype Drive
Reno, NV 89521

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

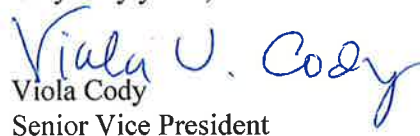
Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the Reno DMA, hereby gives notice to Charter that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section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

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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7013 2630 0000 0975 8539

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Cheryl Chernisky Charter HE Location: Gardnerville / NV27418 ADDRESS: 9335 Prototype Drive Reno, NV 89521		
PS Form 3800, August 2006		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:

Cheryl Chernisky
Charter
HE Location: Gardnerville / NV27418
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) *Cheryl Chernisky* C. Date of Delivery *9-6*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from si) 7013 2630 0000 0975 8539

CERTIFIED MAIL™



7013 2630 0000 0975 8539



Cheryl Chemisky
Charter
HE Location: Gardnerville / NV27418
ADDRESS:
9335 Prototype Drive
RENO, NV 89521

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.
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1. Article Addressed to:

Cheryl Chemisky
Charter
HE Location: Gardnerville / NV27418
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) 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 No

2. Article Number 7013 2630 0000 0975 8539
(Transfer from s)

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Cheryl Chernisky
Charter
HE Location: Gardnerville
9335 Prototype Drive
Reno, NV 89521

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 Charter 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.

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

Very truly yours,

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

Viola U. Cody

Senior Vice President

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

U.S. Postal Service™
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OFFICIAL USE

7013 2630 0000 0975 8546

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

1 Cheryl Chernisky
 Charter
 HE Location: Hawthorne / NV27423
ADDRESS:
 9335 Prototype Drive
 Reno, NV 89521

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Charter</i> C. Date of Delivery <i>9-6</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Cheryl Chernisky Charter HE Location: Hawthorne / NV27423 ADDRESS: 9335 Prototype Drive Reno, NV 89521</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 servid) 7013 2630 0000 0975 8546</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



7013 2630 0000 0975 8546



Cheryl Chernisky
Charter
HE Location: Hawthorne / NV27423
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cheryl Chernisky
Charter
HE Location: Hawthorne / NV27423
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

2. Article Number
(Transfer from servc

7013 2630 0000 0975 8546

PS Form 3811, July 2013

Domestic Return Receipt

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 No
If YES, enter delivery address below:

3. Service Type
- Certified Mail®
 - Registered
 - Insured Mail
 - Priority Mail Express™
 - Return Receipt for Merchandise
 - Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes No

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Cheryl Chernisky
Charter
HE Location: Hawthorne
9335 Prototype Drive
Reno, NV 89521

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

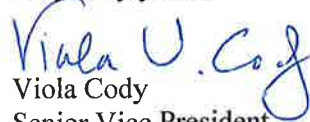
Entravision Communications Corporation, parent company of Entravision Holdings, LLC ("Licensee"), the licensee of television station KREN-TV, Reno, NV (the "Station"), located in the Reno DMA, hereby gives notice to Charter that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section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

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Very truly yours,


Viola Cody
Senior Vice President

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



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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark
Here

Cheryl Chernisky
 Charter
 HE Location: Reno / NV63275
ADDRESS:
 9335 Prototype Drive
 Reno, NV 89521

7013 2630 0000 0975 8553

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cheryl Chernisky</i></p> <p>C. Date of Delivery <i>9-6</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Cheryl Chernisky Charter HE Location: Reno / NV63275 ADDRESS: 9335 Prototype Drive Reno, NV 89521</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from se</i></p>	<p style="font-size: 1.5em;">7013 2630 0000 0975 8553</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

CERTIFIED MAIL™



7013 2630 0000 0975 8553



Cheryl Chernisky
Charter
HE Location: Reno / NV63275
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

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:

Cheryl Chernisky
Charter
HE Location: Reno / NV63275
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- 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 7013 2630 0000 0975 8553
(Transfer from sc)

PS Form 3811, July 2013

Domestic Return Receipt

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Cheryl Chernisky
Charter
HE Location: Reno
9335 Prototype Drive
Reno, NV 89521

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 Charter that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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

Very truly yours,

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

Viola Cody
Senior Vice President

A decorative graphic consisting of several overlapping, wavy lines in red, yellow, and blue, located in the bottom left corner of the page.

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

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7013 2630 0000 0975 8560

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

Postmark
Here

Cheryl Chernisky
 Charter
 HE Location: Silver Springs / NV55891
ADDRESS:
 9335 Prototype Drive
 Reno, NV 89521

PS Form 3800, August 2006

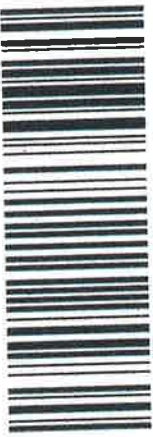
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p>Cheryl Chernisky Charter HE Location: Silver Springs / NV55891 ADDRESS: 9335 Prototype Drive Reno, NV 89521</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from s) 7013 2630 0000 0975 8560</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 8560



Cheryl Chernisky
Charter
HE Location: Silver Springs / NV55891
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, EIGHT INCHES FROM THE TOP

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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Cheryl Chernisky
Charter
HE Location: Silver Springs / NV55891
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

2. Article Number
(Transfer from)

7013 2630 0000 0975 8560

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Cheryl Chernisky
Charter
HE Location: Silver Springs
9335 Prototype Drive
Reno, NV 89521

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

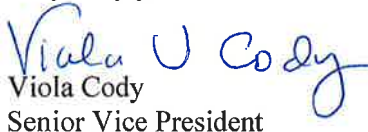
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Very truly yours,


Viola Cody
Senior Vice President

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

U.S. Postal Service™
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OFFICIAL USE

7013 2630 0000 0975 8577

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Cheryl Chernisky Charter HE Location: South Lake Tahoe / CA04406		
ADDRESS:		
9335 Prototype Drive		
Reno, NV 89521		
PS Form 3800, August 2006		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Charter</i> C. Date of Delivery <i>9-6</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Cheryl Chernisky Charter HE Location: South Lake Tahoe / CA04406 ADDRESS: 9335 Prototype Drive Reno, NV 89521</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 <i>7013 2630 0000 0975 8577</i> (Transfer from se)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

CERTIFIED MAIL™



7013 2630 0000 0975 8577



Cheryl Chernisky
Charter
HE Location: South Lake Tahoe / CA04406
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

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.
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Cheryl Chernisky
Charter
HE Location: South Lake Tahoe / CA04406
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

2. Article Number
(Transfer from st

7013 2630 0000 0975 8577

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Cheryl Chernisky
Charter
HE Location: South Lake Tahoe
9335 Prototype Drive
Reno, NV 89521

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 Charter 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 U. Cody

Viola Cody
Senior Vice President

A decorative graphic consisting of several overlapping, wavy lines in red, yellow, and blue, located in the bottom left corner of the page.

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

7013 2630 0000 0975 8584

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Cheryl Chernisky Charter HE Location: Yerington / NV27408		
ADDRESS:		
9335 Prototype Drive		
Reno, NV 89521		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Charter</i> C. Date of Delivery <i>9-6</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>Cheryl Chernisky Charter HE Location: Yerington / NV27408 ADDRESS: 9335 Prototype Drive Reno, NV 89521</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 <i>7013 2630 0000 0975 8584</i> (Transfer from s)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

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7013 2630 0000 0975 8584



Ceryl Chernisky
Charter
HE Location: Yerington / NV27408
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

PLACE STICKER AT TOP OF ENVELOPE TO BE THE RIGHT SIDE OF THE 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:

Ceryl Chernisky
Charter
HE Location: Yerington / NV27408
ADDRESS:
9335 Prototype Drive
Reno, NV 89521

2. Article Number
(Transfer from s

7013 2630 0000 0975 8584

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

4. Restricted Delivery? (Extra Fee)

- Yes
- No

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Cheryl Chernisky
Charter
HE Location: Yerington
9335 Prototype Drive
Reno, NV 89521

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 Charter that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Entravision elects on behalf of Licensee to assert its right, under Section 325(b)(1)(A) of the 1992 Act and Section 76.64(a) of the FCC's rules, to have the broadcast signal of the Station carried on your cable system(s) in our defined market only if we have provided our express written consent. Accordingly, your cable system(s) (or other video distribution system(s)) may not retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Entravision's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

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

Very truly yours,

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

Viola Cody
Senior Vice President

A decorative graphic consisting of several overlapping, curved lines in red, yellow, and blue, resembling a stylized signature or abstract design.

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

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OFFICIAL USE

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

Gary Greenlund
 Comstock Community TV Inc
 HE Location: Virginia City / NV27410
ADDRESS:
 PO Box 9
 Virginia City, NV 89440

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Gary Greenlund Comstock Community TV Inc HE Location: Virginia City / NV27410 ADDRESS: PO Box 9 Virginia City, NV 89440</p>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address: _____ <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>
<p>2. Article Number <u>7013 2630 0000 0975 8591</u> (Transfer from sl...)</p>	

CERTIFIED MAIL™



7013 2630 0000 0975 8591



Gary Greenlund
Comstock Community TV Inc
HE Location: Virginia City / NV27410
ADDRESS:
PO Box 9
Virginia City, 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:

Gary Greenlund
Comstock Community TV Inc
HE Location: Virginia City / NV27410
ADDRESS:
PO Box 9
Virginia City, NV 89440

2. Article Number
(Transfer from s...)

7013 2630 0000 0975 8591

PS Form 3811, July 2013

Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee) Yes

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Gary Greenlund
Comstock Community TV Inc
HE Location: Virginia City
PO Box 9
Virginia City, 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 TV 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

A decorative graphic consisting of several overlapping, curved lines in yellow, red, and blue, extending from the left side of the page towards the center.

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

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OFFICIAL USE

7013 2630 0000 0975 8607

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
BRUCE ROBERTSON GBIS COMMUNICATIONS HE Location: Lovelock / NV27462 ADDRESS: PO Box 41436 Reno, NV 89505		
PS Form 3800, August 2006		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:

BRUCE ROBERTSON
 GBIS COMMUNICATIONS
 HE Location: Lovelock / NV27462
ADDRESS:
 PO Box 41436
 Reno, NV 89505

2. Article Number
(Transfer from st)

7013 2630 0000 0975 8607

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent
 Addressee

B. Received by *(Printed Name)*

Jean Pooey

C. Date of Delivery

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

*P.O. Box 3115
 Reno NV 89505*

3. Service Type

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

4. Restricted Delivery? *(Extra Fee)* Yes

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7013 2630 0000 0975 8607



BRUCE ROBERTSON
GBIS COMMUNICATIONS
HE Location: Lovelock / NV27462
ADDRESS:
PO Box 41436
Reno, NV 89505

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE POSTAGE ADDRESS FIELD (NOTED 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:

BRUCE ROBERTSON
GBIS COMMUNICATIONS
HE Location: Lovelock / NV27462
ADDRESS:
PO Box 41436
Reno, NV 89505

2. Article Number
(Transfer from se

7013 2630 0000 0975 8607

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



BRUCE ROBERTSON
GBIS COMMUNICATIONS
HE Location: Lovelock
PO Box 41436
Reno, NV 89505

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 GBIS 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

A decorative graphic consisting of several overlapping, curved lines in red, yellow, and blue, located in the bottom left corner of the page.

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

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tariq Ahnad Satview Broadband LLC HE Location: Battle Mountain / NV27424 ADDRESS: P.O. Box 18148 Reno, NV 89511		_____ _____ _____ _____

PS Form 3800, August 2009 for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Tariq Ahnad</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Tariq Ahnad Satview Broadband LLC HE Location: Battle Mountain / NV27424 ADDRESS: P.O. Box 18148 Reno, NV 89511</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from se 7013 2630 0000 0975 8614)</p>	
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

CERTIFIED MAIL™



7013 2630 0000 0975 8614



PITNEY BOWES

\$ 006.480

02 1P
0001762104 SEP 03 2014
MAILED FROM ZIP CODE 89502



Tariq Ahmad
Satview Broadband LLC
HE Location: Battle Mountain / NV27424
ADDRESS:
P.O. Box 18148
Reno, NV 89511

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:

Tariq Ahmad
Satview Broadband LLC
HE Location: Battle Mountain / NV27424
ADDRESS:
P.O. Box 18148
Reno, NV 89511

2. Article Number
(Transfer from se)

7013 2630 0000 0975 8614

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- 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®
 - Registered
 - Insured Mail
 - Priority Mail Express™
 - Return Receipt for Merchandise
 - Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Tariq Ahnad
Satview Broadband LLC
HE Location: Battle Mountain
P.O. Box 18148
Reno, NV 89511

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 Satview 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.

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Very truly yours,

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

Viola Cody

Senior Vice President

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


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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
T Tariq Ahnad Satview Broadband LLC HE Location: Wellington / NV65662 ADDRESS: P.O. Box 18148 Reno, NV 89511		
PS Form 3800, August 2006		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 X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Tariq Ahnad Satview Broadband LLC HE Location: Wellington / NV65662 ADDRESS: P.O. Box 18148 Reno, NV 89511	B. Received by (Printed Name) TARIQ AHNAD	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	
2. Article Number (Transfer from se) 7013 2630 0000 0975 8621	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	
PS Form 3811, July 2013 Domestic Return Receipt		

CERTIFIED MAIL™



7013 2630 0000 0975 8621



PITNEY BOWES
02 1P
\$ 006.480
0001762104 SEP 03 2014
MAILED FROM ZIP CODE 89502

Tariq Ahmad
Satview Broadband LLC
HE Location: Wellington / NV65662
ADDRESS:
P.O. Box 18148
Reno, NV 89511

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:

Tariq Ahmad
Satview Broadband LLC
HE Location: Wellington / NV65662
ADDRESS:
P.O. Box 18148
Reno, NV 89511

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7013 2630 0000 0975 8621
(Transfer from se)

PS Form 3811, July 2013 Domestic Return Receipt

September 5, 2014

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED



Tariq Ahnad
Satview Broadband LLC
HE Location: Wellington
P.O. Box 18148
Reno, NV 89511

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 Satview 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

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 8652

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

Postmark
Here

General Manager
 Zito Media
 HE Location: Susanville / CA04426
ADDRESS:
 235 N Weatherlow St
 Susanville, CA 96130

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>David Cravette</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>DAVID CRAVETTE</i></p>
<p>1. Article Addressed to:</p> <p>General Manager Zito Media HE Location: Susanville / CA04426 ADDRESS: 235 N Weatherlow St Susanville, CA 96130</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>2. Article Number (Transfer from serial number) 7013 2630 0000 0975 8652</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 8638



General Manager
Suddenlink
HE Location: June Lake / CA64628
ADDRESS:
123 Commerce Drive, B6
Mammoth Lakes, CA 93546

PLACE STICKER ON 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
Suddenlink
HE Location: June Lake / CA64628
ADDRESS:
123 Commerce Drive, B6
Mammoth Lakes, CA 93546

2. Article Number
(Transfer from s) **7013 2630 0000 0975 8638**

PS Form 3811, July 2013

Domestic Return Receipt

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

September 5, 2014



BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

General Manager
Zito Media
HE Location: Susanville
235 N Weatherlow St
Susanville, CA 96130

Re: Election of Retransmission Consent Status

Dear Sir or Madam:

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

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Very truly yours,

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

Viola Cody
Senior Vice President

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

