

**TRIBUNE**  
**BROADCASTING**  
435 N Michigan Avenue – Chicago, IL - 60611

September 29, 2014

**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

GENERAL COUNSEL  
TIME WARNER  
1320 N DR MARTIN LUTHER KING DR  
MILWAUKEE, WI 53212

**System: MILWAUKEE WI (ROS)**  
**Re: Election of Retransmission Consent Status for WITI (TV)**

Dear Ladies and Gentlemen,

COMMUNITY TELEVISION OF WISCONSIN LICENSE, LLC ("Licensee"), licensee of television station WITI (TV), MILWAUKEE, WI (the "Station"), located in the MILWAUKEE DMA, hereby gives notice to TIME WARNER that, pursuant to Section 325(b)(3)(B) of the Communications Act and Section 76.64(f)(2) of the FCC's Rules, Licensee elects 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 cable systems only if we have provided our express written consent. This election applies to the cable system(s) identified above as well as any other cable system(s) or other video distribution system(s) that you own, operate, or manage. Accordingly, none of the system(s) identified above, nor any other system(s) owned or controlled by you, in our television market or elsewhere, may retransmit the broadcast signal of the Station, or any portion(s) thereof, without obtaining Licensee's express written consent. This election of retransmission consent is for the period January 1, 2015 through December 31, 2017.

Our contact person for retransmission matters is Kevin Connor who can be reached via email at [kconnor@tribunemedia.com](mailto:kconnor@tribunemedia.com) or via phone at 212-210-5927.

Very truly yours,

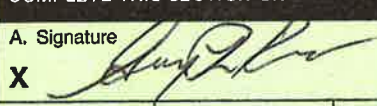


Dana Zimmer  
President  
Tower Distribution Co.

cc: Public Inspection Files

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GENERAL COUNSEL TIME WARNER 1320 N DR MARTIN LUTHER KING DR MILWAUKEE, WI 53212	
PS Form 3800, July 2011	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Gary Krause</u> C. Date of Delivery <u>9-26-14</u>	
1. Article Addressed to:  GENERAL COUNSEL TIME WARNER 1320 N DR MARTIN LUTHER KING DR MILWAUKEE, WI 53212		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <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		5. Article Number (Transfer from service label)	
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