

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	Postal Service™ CERTIFIED MAIL™ RECEIPT (Mail Only; No Insurance Coverage Provided) For more information visit our website at www.usps.com											
<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"/> <i>B. Nelson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>B. Nelson</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Postage</td> <td style="width: 30%;">\$ 40.49</td> <td rowspan="5" style="width: 40%; text-align: center; vertical-align: middle;"> </td> </tr> <tr> <td>Certified Fee</td> <td>\$ 4.30</td> </tr> <tr> <td>Receipt Fee (Required)</td> <td>\$ 2.70</td> </tr> <tr> <td>Delivery Fee (Required)</td> <td>\$ 0.00</td> </tr> <tr> <td></td> <td>\$ 0.00</td> </tr> </table>	Postage	\$ 40.49		Certified Fee	\$ 4.30	Receipt Fee (Required)	\$ 2.70	Delivery Fee (Required)	\$ 0.00		\$ 0.00
Postage	\$ 40.49												
Certified Fee	\$ 4.30												
Receipt Fee (Required)	\$ 2.70												
Delivery Fee (Required)	\$ 0.00												
	\$ 0.00												
<p>1. Article Addressed to:</p> <p>AT&T Services, Inc. ATTN: IP Video Counsel 1025 Lenox Park Blvd., 5th Fl. C562 Atlanta, GA 30319-5309</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>Services, Inc. IP Video Counsel Lenox Park Blvd., 5th Fl. C562 Atlanta, GA 30319-5309</p>											
<p>2. Article Number (Transfer from service label)</p>	<p>7011 0470 0000 2105 8974</p>												

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require AT&T Services, Inc. to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

All cities and counties located in the Madison, WI Designated Market Area

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

AT&T Services, Inc.
Executive Vice President Programming
1880 Century Park E, Suite 1101
Los Angeles, CA 90067

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<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 <u>Debra Y. Dobson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Debra Y. Dobson</u> C. Date of Delivery <u>8-6-14</u></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>		Every Information visit our website at www.usps.com	
1. Article Addressed to:		3. Service Type		OFFICIAL USE	
AT&T Services, Inc. Executive Vice President Programming 1880 Century Park E., Suite 1101 Los Angeles, CA 90067		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Postage \$ <u>\$0.49</u>	
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 8981</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified Fee <u>\$3.30</u>	
PS Form 3811, February 2004		Domestic Return Receipt		Domestic Receipt Fee (if Required) <u>\$2.70</u>	
				Additional Delivery Fee (if Required) <u>\$0.00</u>	
				Total <u>\$6.49</u>	
				JUL 29 2014 WESTSIDE 53711-9998	
				Services, Inc. Executive Vice President Programming Century Park E., Suite 1101 Los Angeles, CA 90067	
				3800, August 2006 See Reverse for Instructions	

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require CENTURYTEL BROADBAND SERVICES, LLC to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Platteville, WI
County of Grant

Randolph, WI
County of Dodge

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

CENTURYTEL BROADBAND SERVICES, LLC
MARY GOTSTEIN, GENERAL MANAGER
212 CHURCH AVE, PO BOX 126
CASCO, WI 54205

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling

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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Diane Agamonte</u> C. Date of Delivery <u>7/31/14</u></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>	
1. Article Addressed to:		3. Service Type	
CenturyTel Broadband Services, LLC Mary Gotstein, General Manager 212 Church Avenue, PO Box 126 Casco, WI 54205		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 0470 0000 2105 8998			

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Postage	\$ 10.49
Certified Fee	\$ 3.30
Return Receipt Fee (Prepayment Required)	\$ 2.70
Restricted Delivery Fee (Prepayment Required)	\$ 0.00

CenturyTel Broadband Services, LLC
Mary Gotstein, General Manager
Church Avenue, PO Box 126
Casco, WI 54205

WESTSIDE STATION MADISON WI
JUL 29 2014
53711-9998

PS Form 3811, February 2004 Domestic Return Receipt

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require CENTURYTEL BROADBAND SERVICES, LLC to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Platteville, WI
County of Grant

Randolph, WI
County of Dodge

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

CENTURYTEL BROADBAND SERVICES, LLC
Attn: Director, Procurement Law Group
5454 W. 110th St. Mailstop: KSOPKJ0701-722
Overland Park, KS 66211

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Centurytel Broadband Services, LLC ATTN: Director, Procurement Law Group 5454 W. 110th St. Mailstop: KSOPKJ0701-722 Overland Park, KS 66211</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bob Goessling</u> C. Date of Delivery <u>7/29/14</u></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>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. "Article Number" (Transfer from service label)		7011 0470 0000 2105 8950	

PS Form 3811, February 2004

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OFFICIAL USE

Postage	\$ 10.49
Certified Fee	\$ 3.30
Return Receipt Fee (if Required)	\$ 2.70
Delivery Fee (if Required)	\$ 0.00
Postage & Fees	\$ 16.49

WESTSIDE STATION MAIL
JUL 29 2014

Centurytel Broadband Services, LLC
Director, Procurement Law Group
110th St.
5454 W. 110th St.
Overland Park, KS 66211

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require CENTURYTEL BROADBAND SERVICES, LLC to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Platteville, WI
County of Grant

Randolph, WI
County of Dodge

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

CENTURYTEL BROADBAND SERVICES, LLC
DAREN MILLER, Director Content Partner Mgmt
700 W Mineral Ave, IA D11.32
Littleton, CO 80120

Station: WKOW

Date: 7/29, 2014

By:

ROBERT C GOESSLING
Bob Goessling

ations & Programming

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 <u>X</u> <u>D. Simpson</u></p> <p>B. Received by (Printed Name) <u>SIMPSON</u></p> <p>C. Date <u>8-1</u></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>	
1. Article Addressed to: CenturyTel Broadband Services, LLC Daren Miller, Director Content Partner Management 700 W. Mineral Avenue, IA D11.32 Littleton, CO 80120		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee)	
PS Form 3811, February 2004		Domestic Return Receipt	

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	\$ 10.49
Certified Fee	\$ 3.30
Return Receipt Fee (Endorsement Required)	\$ 2.70
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 16.49
CenturyTel Broadband Services, LLC Daren Miller, Director Content Partner Management 700 W. Mineral Avenue, IA D11.32 Littleton, CO 80120	

7011 0470 0000 2105 9957

WESTSIDE STATION MADISON WI
JUL 29 2014
53711-9998
07:29/2014

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require CHARTER COMMUNICATIONS to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Mazomanie, Janesville, Lancaster, Madison, Montello, Whitewater, Adams, Beloit, WI
Counties of: Dane, Rock, Grant, Marquette, Jefferson, Adams

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

CHARTER COMMUNICATIONS
TIM VOWELL, DIRECTOR OF GOV'T RELATIONS
2701 DANIELS ST
MADISON, WI 53718

Station: WKOW

Date: 7/29, 2014

By:

Robert C Goessling
Bob Goessling
Director of Operations & Programming

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 <u>X Paula Carrington</u></p> <p>B. Received by (Printed Name) <u>Paula Carrington</u></p> <p>C. D</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>	
1. Article Addressed to: Charter Communications Tim Vowell, Dir. Of Gov't. Relations 2701 Daniels Street Madison, WI 53718		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7011 0470 0000 2105 9018		4. Restricted Delivery? (Extra Fee)	

U.S. Postal Service TM	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 10.49
Certified Fee	\$ 3.30
Return Receipt Fee (Endorsement Required)	\$ 2.70
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
	\$ 6.49

Charter Communications
Tim Vowell, Dir. Of Gov't. Relations
2701 Daniels Street
Madison, WI 53718

7011 0470 0000 2105 9018

PS Form 3811, February 2004 Domestic Return Receipt

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require CHARTER COMMUNICATIONS to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Mazomanie, Janesville, Lancaster, Madison, Montello, Whitewater, Adams, Beloit, WI
Counties of: Dane, Rock, Grant, Marquette, Jefferson, Adams

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

CHARTER COMMUNICATIONS
Programming Department
6399 S. Fiddler's Green Circle, 6th Floor
Greenwood Village, CO 80111

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Article Addressed to:		B. Received by (Printed Name) <u>[Signature]</u>	
C. Charter Communications Programming Department 6399 S. Fiddler's Green Circle, 6th Floor Greenwood Village, CO 80111		C. Date of Delivery <u>8/1/14</u>	
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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 9032</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Postage	\$ 10.49
Certified Fee	\$ 3.30
Receipt Fee (not Required)	\$ 2.70
Delivery Fee (not Required)	\$ 0.00
	\$ 16.49

COMMUNICATIONS
Programming Department
Fiddler's Green Circle, 6th Floor
Greenwood Village, CO 80111

0253
MADISON WI
JUL 29 2014
80111-9998

PS Form 3811, February 2004 Domestic Return Receipt

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require COMMUNITY ANTENNA SYSTEMS to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Cazenovia, Elroy, Hillsboro, Kendall, WI
Counties of: Richland, Monroe, Vernon, Juneau

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.


This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

COMMUNITY ANTENNA SYSTEMS
RANDY KUBARSKI, PRESIDENT
1010 LAKE ST
HILLSBORO, WI 54634

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service TM CERTIFIED MAIL TM RECEIPT <small>Postage and Insurance Only; No Insurance Coverage Provided</small>	
<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 <u>Randy Kubarski</u></p> <p>B. Received by (Printed Name) <u>Randy Kubarski</u></p> <p>C. Date of Delivery <u>7-29-14</u></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>Postage \$ <u>\$10.49</u></p> <p>Certified Fee <u>\$2.30</u></p> <p>Return Receipt Fee (if Required) <u>\$2.70</u></p> <p>Delivery Fee (if Required) <u>\$0.00</u></p>	
1. Article Addressed to: Community Antenna Systems Randy Kubarski, President 1010 Lake Street Hillsboro, WI 54634		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		COMMUNITY ANTENNA SYSTEMS Kubarski, President 1010 Lake Street Hillsboro, WI 54634	
2. Article Number (Transfer from service label) 7011 0470 0000 2105 9049		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		OFFICIAL USE 	

PS Form 3811, February 2004

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require LAVALLE LONG DISTANCE, INC. to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Cazenovia, Ironton, and La Valle WI
Counties of: Richland, Sauk

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

LAVALLE LONG DISTANCE, INC.
BRAD WELP
108 West Main Street
La Valle, WI 53941

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

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:

LaValle Long Distance, Inc.
Brad Welp
108 West Main Street
La Valle, WI 53941

COMPLETE THIS SECTION ON DELIVERY

- A. Signature James Nobles ☐ Agent ☐ Addressee
- B. Received by (Printed Name) James Nobles C. Date of Delivery 7/30/14
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0000 2105 9056

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

OFFICIAL USE

Postage	\$	\$0.49	0258
Certified Fee		\$2.30	
Return Receipt Fee (if Required)		\$2.70	
Registered Delivery Fee (if Required)		\$0.00	
		\$6.49	

LaValle Long Distance, Inc.
Brad Welp
108 West Main Street
La Valle, WI 53941



2. Article Number
(Transfer from service label)

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require LVT CORP to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Camp Douglas, Hustler and New Lisbon, WI
Counties of: Sauk, Juneau

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

LVT CORP
JAMES COSTELLO, GENERAL MANAGER
127 US Hwy 12, PO BOX 267
CAMP DOUGLAS, WI 54618

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
<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 <u>Mary Pierce</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mary Pierce</u></p> <p>C. Date of Delivery <u>7-31-14</u></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>Delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> <table border="1"><tr><td>Postage</td><td>\$ 10.49</td></tr><tr><td>Certified Fee</td><td>13.20</td></tr><tr><td>Return Receipt Fee (if required)</td><td>12.70</td></tr><tr><td>Additional Delivery Fee (if required)</td><td>10.00</td></tr><tr><td>Total</td><td>\$46.39</td></tr></table> <p>Postmark: <u>29</u> 2014</p>		Postage	\$ 10.49	Certified Fee	13.20	Return Receipt Fee (if required)	12.70	Additional Delivery Fee (if required)	10.00	Total	\$46.39
Postage	\$ 10.49														
Certified Fee	13.20														
Return Receipt Fee (if required)	12.70														
Additional Delivery Fee (if required)	10.00														
Total	\$46.39														
1. Article Addressed to: LVT Corporation James Costello, General Manager 127 US Hwy 12, PO Box 267 Camp Douglas, WI 54618		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		LVT Corporation James Costello, General Manager 127 US Hwy 12, PO Box 267 Camp Douglas, WI 54618											
2. Article Number (Transfer from service label) 7011 0470 0000 2105 9063		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes													

PS Form 3811, February 2004 Domestic Return Receipt

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require MARQUETTE ADAMS COMMUN LLC to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Portage, Adams, Briggsville, Endeavor, Friendship, Grand Marsh, Montello, Oxford,
Packwaukee, Westfield, Wisconsin Dells, WI
Counties of: Adams and Marquette

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

MARQUETTE ADAMS COMMUN LLC
JERRY SCHNEIDER, GENERAL MANAGER
113 N. Oxford St., PO BOX 45
OXFORD, WI 53952

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling
Director of Operations & Programming

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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>LORE PIKE</u> C. Date of Delivery <u>30 JUL 2014</u></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>	
1. Article Addressed to: Marquette Adams Commun LLC Jerry Schneider, General Manager 113 N. Oxford St., PO Box 45 Oxford, WI 53952		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 9070</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102596-02-M-1540	

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(Certified Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$10.49
Certified Fee	\$3.30
Return Receipt Fee (if Required)	\$2.70
Delivery Fee (if Required)	\$0.00
	\$16.49

JUL 29 2014
MADISON WI

Marquette Adams Commun LLC
Jerry Schneider, General Manager
Oxford St., PO Box 45
WI 53952

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require MEDIACOM to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Albany, Argyle, Blanchardville, Boscobel, Camp Douglas, Fennimore, Germantown, Hustler, Juneau, Mauston, Muscoda, Necedah, New Lisbon, Norwalk, Ontario, Wilton, Belmont, Benton, Browntown, Cuba City, Darlington, Hazel Green, Martintown, Potosi, Shullsburg, WI

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

MEDIACOM
CARI FENZEL, REGIONAL VICE PRESIDENT
3900 26TH AVENUE
MOLINE, IL 61265

Station: WKOW

Date: 7/29, 2014

By:

Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service™ CERTIFIED MAIL™ RECEIPT (Restrictive Mail Only; No Insurance Coverage Provided)	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> Date of Delivery <u>JUL 29 2014</u></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>Postage \$ <u>\$0.49</u></p> <p>Certified Fee <u>\$3.20</u></p> <p>Return Receipt Fee (if Required) <u>\$2.70</u></p> <p>Additional Delivery Fee (if Required) <u>\$0.00</u></p> <p>Total <u>\$6.49</u></p>	
<p>1. Article Addressed to:</p> <p>Mediacom Cari Fenzel, Regional Vice President 3900 26th Avenue Moline, IL 61265</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>OFFICIAL USE</p> <p>WESTSIDE STATION MADISON IM</p> <p>JUL 29 2014</p> <p>53711-9998</p> <p>07/29/2014</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>7011 0470 0000 2105 9087</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>com enzel, Regional Vice President 26th Avenue e, IL 61265</p>	

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require MERRIMAC AREA CABLE to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Merrimac, North Freedom, WI
County of Sauk

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

MERRIMAC AREA CABLE
BART OLSON, PRESIDENT
PO BOX 40, 327 PALISADE STREET
MERRIMAC, WI 53561

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service TM											
<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 <u>Merrimac Area Cable</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-30</u></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>CERTIFIED MAILTM RECEIPT <i>Domestic Mail Only; No Insurance Coverage Provided</i></p> <p>Delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> <table border="1"><tr><td>Postage</td><td>\$0.49</td></tr><tr><td>Certified Fee</td><td>\$3.30</td></tr><tr><td>Return Receipt Fee (if Required)</td><td>\$2.70</td></tr><tr><td>Additional Delivery Fee (if Required)</td><td>\$0.00</td></tr><tr><td>Total</td><td>\$6.49</td></tr></table> <p>WESTSIDE STATION MADISON WI Postmark: <u>Jul 29 2014</u></p>		Postage	\$0.49	Certified Fee	\$3.30	Return Receipt Fee (if Required)	\$2.70	Additional Delivery Fee (if Required)	\$0.00	Total	\$6.49
Postage	\$0.49														
Certified Fee	\$3.30														
Return Receipt Fee (if Required)	\$2.70														
Additional Delivery Fee (if Required)	\$0.00														
Total	\$6.49														
Article Addressed to: Merrimac Area Cable Bart Olson, President PO Box 40, 327 Palisade Street Merrimac, WI 53561		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Merrimac Area Cable Bart Olson, President PO Box 40, 327 Palisade Street Merrimac, WI 53561											
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 9100</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No													

PS Form 3811, February 2004 Domestic Return Receipt 3800, August 2006 See Reverse for Instructions

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require MH TELECOM, LLC to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Mount Horeb, WI
Dane County Wisconsin

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

MH TELECOM, LLC
JOHN DUNBAR
200 EAST MAIN ST
MOUNT HOREB, WI 53572

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

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:

MH Telecom, LLC
John Dunbar
200 East Main St.
Mount Horeb, WI 53572

2. Article Number

(Transfer from service label)

7011 0470 0000 2105 9117

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Niki Whitford

C. Date of Delivery

7-30-14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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CERTIFIED MAIL™ RECEIPT

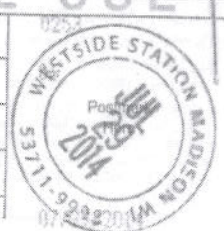
Domestic Mail Only; No Insurance Coverage Provided

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

OFFICIAL USE

Postage	\$10.49
Certified Fee	\$3.30
Return Receipt Fee (if Required)	\$2.70
Registered Delivery Fee (if Required)	\$0.00
Total	\$16.49

elecom, LLC
Dunbar
200 East Main St.
Mount Horeb, WI 53572



2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require REEDSBURG UTILITY COMMISSION to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Reedsburg, WI
Columbia County Wisconsin

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

REEDSBURG UTILITY COMMISSION
DAVE MIKONOWICZ, GENERAL MANAGER
PO BOX 230
REEDSBURG, WI 53959

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service TM CERTIFIED MAIL TM RECEIPT (Certificated Mail Only; No Insurance Coverage Provided)	
<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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>David Parkish</u></p> <p>C. Date of Delivery <u>7-30-14</u></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>Postage \$ <u>\$0.49</u></p> <p>Certified Fee <u>\$2.30</u></p> <p>Return Receipt Fee (if Required) <u>\$2.70</u></p> <p>Delivery Fee (if Required) <u>\$1.00</u></p> <p>Total <u>\$6.49</u></p>	
1. Article Addressed to: Reedsburg Utility Commission Dave Mikonowicz, General Manager PO Box 230 Reedsburg, WI 53959		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		OFFICIAL USE	
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 9124</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		REEDSBURG UTILITY COMMISSION DAVE MIKONOWICZ, General Manager PO Box 230 Reedsburg, WI 53959	

PS Form 3811, February 2004 Domestic Return Receipt

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require DAIRYLAND CABLE to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Blue River, Loganville, Lake Delton, Richland Center, WI
Counties of: Grant, Sauk, Richland

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

DAIRYLAND CABLE
LONNIE FREEMAN, Partner
1450 VETERANS DRIVE
RICHLAND CENTER, WI 53581

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service TM CERTIFIED MAIL TM RECEIPT <small>Domestic Mail Only; No Insurance Coverage Provided</small>	
<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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		Every information visit our website at www.usps.com	
Article Addressed to:		B. Received by (Printed Name) <u>[Signature]</u>		OFFICIAL USE	
Dairyland Cable Lonnie Freeman, Partner 1450 Veterans Drive Richland Center, WI 53581		C. Date of Delivery <u>7-30-14</u>		Postage \$ <u>10.49</u>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		Certified Fee \$ <u>3.30</u>	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Postage and Fee (not Required) \$ <u>12.70</u>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Delivery Fee (not Required) \$ <u>0.00</u>	
2. Article Number (Transfer from service label)		7011 0470 0000 2105 9131		Total \$ <u>16.49</u>	
PS Form 3811, February 2004		Domestic Return Receipt		and Cable Lonnie Freeman, Partner Veterans Drive Richland Center, WI 53581	

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require RICHLAND GRANT LONG DISTANCE to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Blue River, Boaz, Gays Mills, Sabin, Soldier's Grove, WI
Counties of: Grant, Richland, Crawford

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

RICHLAND GRANT LONG DISTANCE
BRAD WELP
PO BOX 67
BLUE RIVER, WI 53518

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

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.

Article Addressed to:

Richland Grant Long Distance
Brad Welp
PO Box 67
Blue River, WI 53518

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postal ServiceTM
CERTIFIED MAILTM RECEIPT
Certificated Mail Only; No Insurance Coverage Provided

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

OFFICIAL USE

Postage	\$	\$0.49
Certified Fee	\$	\$3.30
Return Receipt Fee (if Required)	\$	\$2.70
Delivery Fee (if Required)	\$	\$0.00
Postage & Fees	\$	\$6.49

0253
06
WESTSIDE STATION
Postmark
JUL 29 2014

Richland Grant Long Distance
Brad Welp
PO Box 67
Blue River, WI 53518

Article Number
(Transfer from service label)

7011 0470 0000 2105 9148

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require VERNEAU NETWORKS, INC. to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Hillsboro, WI
Vernon County Wisconsin

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

VERNEAU NETWORKS, INC.
DON HAMMER, GENERAL MANAGER
121 MILL STREET
HILLSBORO, WI 54634

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <u>Don Hammer</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		Delivery information visit our website at www.usps.com .	
1. Article Addressed to:		B. Received by (Printed Name) <u>Don Hammer</u>		C. Date of Delivery <u>7-31-14</u>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:		OFFICIAL USE	
Verneau Networks, Inc. Don Hammer, General Manager 121 Mill Street Hillsboro, WI 54634		<u>Pg Box 427</u> <u>Hillsboro WI 54634</u>		Postage \$ <u>\$0.49</u>	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Certified Fee <u>\$3.30</u>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Turn Receipt Fee (if Required) <u>\$2.70</u>	
PS Form 3811, February 2004		Domestic Return Receipt		Delivery Fee (if Required) <u>\$0.00</u>	
		7011 0470 0000 2105 9162		Total <u>\$6.49</u>	
				Postmark JUL 29 2014 WESTSIDE STATION MADISON WI 53711-9998	
				Verneau Networks, Inc. Don Hammer, General Manager 121 Mill Street Hillsboro, WI 54634	

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require PACKERLAND BROADBAND to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Iowa, Sauk, Juneau, Crawford and Walworth, WI

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

PACKERLAND BROADBAND
JOE ESBROOK, GENERAL MANAGER
105 KENT ST, PO BOX 884
IRON MOUNTAIN, MI 49801

Station: WKOW

Date: 7/29, 2014

By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

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 <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bradley J Whazie</u></p> <p>C. Date of Delivery <u>7-31-14</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: <u>PO BOX 885</u> <u>Iron Mountain MI 49801</u></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>																
1. Article Addressed to: Packerland Broadband Joe Esbrook, General Manager 105 Kent St., PO Box 884 S Iron Mountain, MI 49801		<p>Postal ServiceTM CERTIFIED MAILTM RECEIPT <i>Domestic Mail Only; No Insurance Coverage Provided</i></p> <p>For more information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> <table border="1"><tr><td>Postage</td><td>\$</td><td>50.49</td></tr><tr><td>Certified Fee</td><td>\$</td><td>5.00</td></tr><tr><td>Receipt Fee (not Required)</td><td>\$</td><td>2.70</td></tr><tr><td>Delivery Fee (not Required)</td><td>\$</td><td>0.00</td></tr><tr><td></td><td>\$</td><td>58.19</td></tr></table> <p>IRON MOUNTAIN MI 49801 JUL 29 2014 93711-9998</p>		Postage	\$	50.49	Certified Fee	\$	5.00	Receipt Fee (not Required)	\$	2.70	Delivery Fee (not Required)	\$	0.00		\$	58.19
Postage	\$	50.49																
Certified Fee	\$	5.00																
Receipt Fee (not Required)	\$	2.70																
Delivery Fee (not Required)	\$	0.00																
	\$	58.19																
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 9179</u>		<p>land Broadband brook, General Manager ent St., PO Box 884 ountain, MI 49801</p>																

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require VERNON COMMUNICATIONS, LLC to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Dane County Wisconsin

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

VERNON COMMUNICATIONS, LLC
ROD OLSON, GENERAL MANAGER
103 N. MAIN STREET
WESTBY, WI 54667

Station: WKOW

Date: 7/29, 2014

By:

Robert Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<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 <u>X</u> <u>Rod Olson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		Delivery information visit our website at www.usps.com	
1. Article Addressed to:		B. Received by (Printed Name)		C. Date of Delivery <u>7/31/14</u>	
Vernon Communications, LLC Rod Olson, General Manager 103 N. Main Street Westby, WI 54667		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		Postage \$ <u>40.49</u>	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Certified Fee <u>13.70</u>	
7011 0470 0000 2105 9193		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Insurance Fee (if required) <u>42.70</u>	
PS Form 3811, February 2004		Domestic Return Receipt		102585-02-M-1540	
		on Communications, LLC Olson, General Manager 1. Main Street by, WI 54667		OFFICIAL USE WESTSIDE STATION MADISON WI JUL 29 2014	

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require TECH COM, INC. to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Richland Center, WI
Richland County Wisconsin

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

TECH COM, INC.
BRAD WELP
1027 N JEFFERSON ST
RICHLAND CENTER, WI 53581

Station: WKOW

Date: 7/29, 2014

By: ROBERT C GOESSLING
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service TM CERTIFIED MAIL TM RECEIPT (Restrictive Mail Only; No Insurance Coverage Provided)	
<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 <u>Ellen Deeks</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name) <u>Ellen Deeks</u>	
1. Article Addressed to:		C. Date of Delivery <u>7-30-14</u>		Delivery information visit our website at www.usps.com	
Tech Com, Inc. Brad Welp 1027 N. Jefferson St. Richland Center, WI 53581		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		OFFICIAL USE	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Postage \$ <u>\$0.49</u>	
7011 0470 0000 2105 9155		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Certified Fee <u>\$3.30</u>	
PS Form 3811, February 2004		Domestic Return Receipt		Return Receipt Fee (Amount Required) <u>\$2.70</u>	
				Restricted Delivery Fee (Amount Required) <u>\$0.00</u>	
				Total Postage and Fees <u>\$6.49</u>	
				Com, Inc. Welp N. Jefferson St. land Center, WI 53581	

2015-2017 RETRANSMISSION CONSENT ELECTION STATEMENT
FOR STATION WKOW

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WKOW Television Inc, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require TDS TELECOMMUNICATIONS CORPORATION to obtain the Station's consent beginning January 1, 2015, for retransmission of its broadcast signal by, but not limited to, the cable or multichannel video programming distribution system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

Counties of: Dane, Green

This election is effective for the period beginning January 1, 2015, and terminating as of December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on July 29, 2014 to the following cable system(s):

TDS TELECOMMUNICATIONS CORPORATION
DON STEPHAN
525 JUNCTION ROAD
MADISON, WI 53717

Station: WKOW

Date: 7/29, 2014

By: Bob C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<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"/> <u>Mike Schwartz</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		Delivery Information visit our website at www.usps.com	
1. Article Addressed to:		B. Received by (Printed Name) <u>Mike Schwartz</u>		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		Postage \$ <u>10.00</u>	
TDS Telecommunications Corporation Don Stephan 525 Junction Road Madison, WI 53717		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Certified Fee \$ <u>0.00</u>	
2. Article Number (Transfer from service label) <u>7011 0470 0000 2105 9186</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Return Receipt Fee (if Required) \$ <u>0.00</u>	
PS Form 3811, February 2004		Domestic Return Receipt		Additional Delivery Fee (if Required) \$ <u>0.00</u>	
				532 2014	
				JUL 29 2014	
				WESTSIDE STATION MADISON, WI	
				TDS Telecommunications Corporation Don Stephan 525 Junction Road Madison, WI 53717	