

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.


This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

AT&T Services, Inc.
SENIOR CONTRACT MANAGER
530 MCCULLOUGH
SAN ANTONIO, TX 78215

Station: WKOW

Date: 7/31, 2017

By: _____


Bob Goessling
Director of Operations & Programming

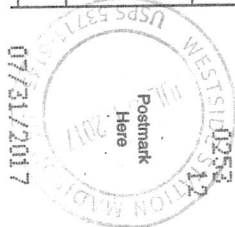
7015 0640 0000 5151 0063

U.S. Postal ServiceTM
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Domestic Mail Only

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

OPTIONAL MAIL USE

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49



To: **AT&T Services, Inc.**
SENIOR CONTRACT MANAGER
530 MCCULLOUGH
SAN ANTONIO, TX 78215

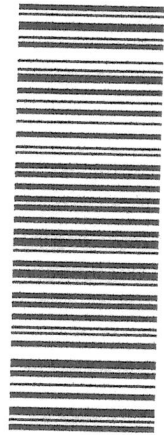
Instructions

REQUESTED

9304100055218796

WI 53719

CERTIFIED MAIL[®]



7015 0640 0000 5151 0063

AT&T Services, Inc.
SENIOR CONTRACT MANAGER
530 MCCULLOUGH
SAN ANTONIO, TX 78215

Handwritten signature: T. Acant 07.15.17

NIXIE 782 CE 1 0108/05/17

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

7021533210ACCO BC: 53719128399 *2986-10757-31-47

53719>1283



2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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


This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

AT&T Services, Inc.
Attn: IP Video Counsel
1025 Lenox Park Blvd., 5th Floor, C562
Atlanta, GA 30319-5309

Station: WKOW

Date: 7/31, 2017

By: 
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. ■ 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 <i>Welson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: AT&T Services, Inc. Attn: IP Video Counsel 1025 Lenox Park Blvd., 5th Floor, C562 Atlanta, GA 30319-5309		B. Received by (Printed Name) <i>Welson</i> C. Date of Delivery	
2. Article Number (Transfer from service label) 7015 0640 0000 5151 0094		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"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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ATLANTA GA 30319

OFFICIAL USE

Certified Mail Fee	\$3.35	\$2.75
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00
<input type="checkbox"/> Adult Signature Required	\$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00
Postage	\$0.49	

0253 12

Postmark Here

07/31/2017

AT&T Services, Inc.
Attn: IP Video Counsel
1025 Lenox Park Blvd., 5th Floor, C562
Atlanta, GA 30319-5309

for Instructions

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 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: 7/31, 2017

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

7015 0640 0000 5151 0100

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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n WI 53719

CERTIFIED MAIL[®]

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

LOS ANGELES OFFICIAL USE

Certified Mail Fee \$3.35

\$2.75

Extra Services & Fees (check box, add fee \$0.00 per fee)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

Total Postage and Fees \$0.49

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



POSTAGE
ON W/

UNIT
59
09024-12

7015 0640 0000 5151 0100



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

NIXIE 911 DE 1

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

50577 18865029900

BC: 33719121927

2986-1075-31-47

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

Platteville, WI
County of Grant

Randolph, WI
County of Dodge

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 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: 7/31, 2017

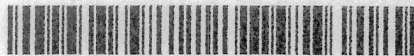
By: _____


Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
CenturyTel Broadband Services LLC
MARY GOTSTEIN, GENERAL MANAGER
212 CHURCH AVE, PO BOX 126
CASCO, WI 54205



9590 9403 0101 5077 8660 73

2. Article Number (Transfer from service label)

7015 0640 0000 5151 0117

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Kelly Hunsader

C. Date of Delivery

8/4/17

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

212 Church Ave
 Casco WI 54205

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
 Restricted Delivery

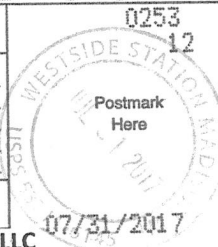
Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

CASCO, WI 54205

Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
 Postage \$0.49



CenturyTel Broadband Services LLC
MARY GOTSTEIN, GENERAL MANAGER
212 CHURCH AVE, PO BOX 126
CASCO, WI 54205

for Instructions

7015 0640 0000 5151 0117

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

Platteville, WI
County of Grant

Randolph, WI
County of Dodge

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 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: 7/31, 2017

By: _____

Robert C. Goessling
Bob Goessling
Director of Operations & Programming

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

Platteville, WI
County of Grant

Randolph, WI
County of Dodge

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This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 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: 7/31, 2017

By: Bob 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. ■ 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 </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CenturyTel Broadband Services, LLC Daren Miller, Dir. Content Partner Mgmt. 700 W. Mineral Ave. IA D11.32 Littleton, CO 80120</p>		<p>B. Received by (Printed Name) Ashley Dubbins</p>	<p>C. Date of Delivery 8-3-17</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0000 5151 0131</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

9590 9403 0101 5077 8660 97

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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LITTLETON, CO 80120

OFFICIAL USE

Certified Mail Fee \$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage \$ **0.49**

CenturyTel Broadband Services, LLC
Daren Miller, Dir. Content Partner Mgmt.
700 W. Mineral Ave. IA D11.32
Littleton, CO 80120

Postmark Here
 WESTSIDE STATION
 07/31/2017

for Instructions

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

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

Station: WKOW

Date: 7/31, 2017

By: Bob Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

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



9590 9403 0101 5077 8661 03

2. Article Number (Transfer from service label)

7015 0640 0000 5151 0148

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

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

☐ Agent
☐ Addressee

☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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

MADISON, WI 53718

Certified Mail Fee \$3.35

\$2.75

Extra Services & Fees (check box, add fee as appropriate)

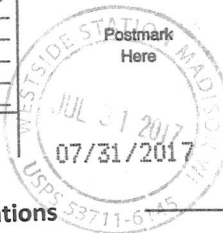
- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

\$4.59

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

0253
 12



7015 0640 0000 5151 0148

Reverse for Instructions

2018-2020 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 ("FCC"), by **WKOW Television Inc.**, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require Charter Communications Holding Company, LLC to obtain the Station's consent beginning January 1, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

Attention: General Counsel
Charter Communications Holding Company, LLC
400 Atlantic Street
Stamford, CT 06091

Station: WKOW

Date: 7/31, 2017

By:

Bob 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. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Attention: General Counsel Charter Communications Holding Co., LLC 400 Atlantic Street Stamford, CT 06901 06901		B. Received by (Printed Name) 	C. Date of Delivery
2. Article Number (Transfer from service label) 7015 0640 0000 5151 0155		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9403 0101 5077 8661 10		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

STAMFORD, CT 06901

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49

Attention: General Counsel
Charter Communications Holding Co., LLC
400 Atlantic Street
Stamford, CT 06901 06901

07/31/2017

or Instructions

2018-2020 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 ("FCC"), by **WKOW Television Inc.**, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require Charter Communications Holding Company, LLC to obtain the Station's consent beginning January 1, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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

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This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

Attention: SVP, Programming
Charter Communications Holding Company, LLC
6399 South Fiddler's Green Circle 5th Floor
Greenwood Village, CO 80111

Station: WKOW

Date: 7/31, 2017

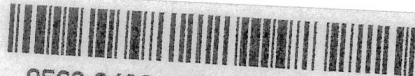
By: Robert C Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Attention: SVP, Programming
Charter Communications Holding Co., LLC
6399 South Fiddler's Green Circle 5th Floor
Greenwood Village, CO 80111



9590 9403 0101 5077 8661 27

2. Article Number (Transfer from service label)

7015 0640 0000 5151 0162

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/31/17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (0)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

ENGLEWOOD, CO 80111

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

To \$4.59

Attention: SVP, Programming
Charter Communications Holding Co., LLC
6399 South Fiddler's Green Circle 5th Floor
Greenwood Village, CO 80111



7015 0640 0000 5151 0162

0253 12

See reverse for instructions

2018-2020 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 ("FCC"), by **WKOW Television Inc.**, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require Charter Communications Holding Company, LLC to obtain the Station's consent beginning January 1, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

Scott O'Donnell
GVP, Legal - - Programming & Product
Charter Communications Holding Company, LLC
6399 South Fiddler's Green Circle
Greenwood Village, CO 80111

Station: WKOW

Date: 7/31, 2017

By: Bob Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Scott O'Donnell

**GVP, Legal – Programming & Product
Charter Communications Holding Co., LLC
6399 South Fiddler's Green Circle
Greenwood Village, CO 80111**


9590 9403 0101 5077 8661 34
2. Article Number (Transfer from service label)
7015 0640 0000 5151 0179
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
8/3/17

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

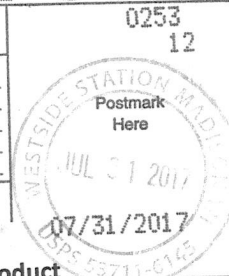
 For delivery information, visit our website at www.usps.com
ENGLEWOOD, CO 80111
OFFICIAL USE

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

Scott O'Donnell \$6.59

**GVP, Legal – Programming & Product
Charter Communications Holding Co., LLC
6399 South Fiddler's Green Circle
Greenwood Village, CO 80111**



See Reverse for Instructions

7015 0640 0000 5151 0179

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.


This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

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

Station: WKOW

Date: 7/31, 2017

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</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>1. Article Addressed to:</p> <p>Community Antenna Systems Randy Kubarski, President 1010 Lake Street Hillsboro, WI 54634</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Randy Kubarski</i> 8-3-17</p> <p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>		
<p style="text-align: center;">  9590 9403 0101 5077 8661 41 </p> <p>2. Article Number (Transfer from service label) 7015 0640 0000 5151 0186</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0000 5151 0186


U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE
HILLSBORO, WI 54634

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49

Community Antenna Systems
Randy Kubarski, President
1010 Lake Street
Hillsboro, WI 54634

0253
12

07/31/2017

for Instructions

2018-2020 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 ("FCC"), 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, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

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

Station: WKOW

Date: 7/31, 2017

By:

Bob Goessling
Bob Goessling
Director of Operations & Programming

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Dairyland Cable
Lonnie Freeman, Partner
1450 Veterans Drive
Richland Center, WI 53581



9590 9403 0101 5077 8661 58

2. Article Number (Transfer from service label)

7015 0640 0000 5151 0193

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nikki Young*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Nikki Young

C. Date of Delivery

8-2-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

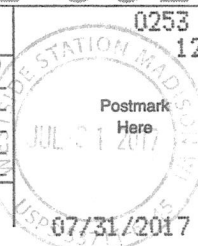
RICHLAND CENTER, WI 53581

7015 0640 0000 5151 0193

Certified Mail Fee \$3.35
 \$2.75
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

Dairyland Cable
Lonnie Freeman, Partner
1450 Veterans Drive
Richland Center, WI 53581



for Instructions

2018-2020 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 ("FCC"), by **WKOW Television Inc.**, licensee of Station WKOW, Madison, Wisconsin (the "Station"), to require LAVALLE TELEPHONE COOPERATIVE, INC. to obtain the Station's consent beginning January 1, 2018, 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), any unincorporated areas within these community(ies) and county(ies), any other areas within the Station's Designated Market Area not specified below, and any other areas within the Station's "television market" as set forth in Section 76.55(e) of the Rules of the FCC, including any modifications thereto pursuant to Section 76.59 of the Rules of the FCC:

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

This election is effective for the period beginning January 1, 2018, and terminating as of December 31, 2020.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2017, and was mailed by certified U.S. mail, return receipt requested, on August 1st, 2017 to the following cable system(s):

LAVALLE TELEPHONE COOPERATIVE, INC.
BRAD WELP
108 West Main Street
La Valle, WI 53941

Station: WKOW

Date: 7/31, 2017

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Telephone Cooperative
Brad Welp
108 West Main Street
LaValle, WI 53941



9590 9403 0101 5077 8661 65

2. Article Number (Transfer from service label)

7015 0640 0000 5151 0209

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brad Welp* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Brad Welp

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

LA VALLE WI 53941

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

LaValle Telephone Cooperative
Brad Welp
108 West Main Street
LaValle, WI 53941



7015 0640 0000 5151 0209

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions