## **DBS ELECTION NOTICE**

CALL LETTERS	COMMUNITY OF LICENSE	DMA
WUCF-TV	ORLANDO, FL	ORLANDO-DAYTONA BEACH-MELBOURNE
DTV CHANNEL	PRIMARY CHANNEL	LICENSEE NAME
(OVER THE AIR)	(VIRTUAL CHANNEL, E.G., 15.1)	
23	24.1	UNIVERSITY OF CENTRAL FLORIDA

This DBS Election	n Notice is sent this <u>1st</u> day of	September	2017 via Certified
Mail/Return Recei	ipt Requested (Receipt Number	7013 2250 0001 166	i9 8634) to
the following DBS	S Operator (check one):		
_X_	DirecTV, Inc. 2260 East Imperial Highway, Mail Stop: N321, El Segundo,		
	CA 90245, Attn: Local-into-Local Elections,		
	Teresa Cain, Local Programming Operations, DISH Network,		
	9601 South Meridian Blvd., Englewood, CO 80112		
		0	

With respect to carriage in the above-listed DMA(s) by the above-listed DBS Operator between January 1, 2018, and December 31, 2020, the Licensee elects the following status for the primary video stream of the Station's digital signal:

**⋈** mandatory carriage ("must-carry").

For further information, please contact:

Name:	William Dotson
Address:	12461 Research Parkway, Suite 550
	Orlando, FL 32826
Phone:	407-823-3280
Email:	bill.dotson@wucftv.org

The Licensee provides this Election Notice pursuant to 47 C.F.R. Section 76.66.

## 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:

Direct V. Inc 2260 East Imperial Highway, Mail Stop: N 321 El Segundo, CA 90245 Attn: Local-into-Local Elections

2. Article Number

(Transfer from service label) PS Form 3811, August 2001

000/ 1669 Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name)

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

□ No if YES, enter delivery address below:



3. Service Type

Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise

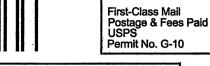
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

C. Date of Delivery

United States Postal Service



• Sender: Please print your name, address, and ZIP+4 in this box •

Attn: William Dotson

WUCF TV

12461 Research Pkwy, Suite 550

Orlando, FL 32926

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