

CALL LETTERS	COMMUNITY OF LICENSE	DMA TO WHICH NIELSEN MEDIA RESEARCH ASSIGNED STATION IN 2009-10 NSI
WGMB-TV	BATON ROUGE, LA	BATON ROUGE
DTV CHANNEL (OVER THE AIR)	PRIMARY CHANNEL (VIRTUAL CHANNEL, E.G., 15.1)	LICENSEE NAME
45	44.1	COMCORP OF BATON ROUGE LICENSE CORP

This Cable Election Notice is sent this 5 day of August 2011 via Certified Mail/Return Receipt Requested (Receipt Number 7005 0390 0000 1630 6930) to the following:

Operator: PC One Cable LLC
Address: 17 South Franklin Turnpike
Ramsey, NJ 07446

With respect to all communities within the Station's "television market" (as defined in 47 C.F.R. § 76.55(e)) served by cable systems owned or managed by your company (including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

retransmission consent.

mandatory carriage ("must-carry") on the following: (check one):

- The Station's PSIP major channel number ("virtual channel").
- The cable channel on which the Station was carried on July 19, 1985.
- The cable channel on which the Station was carried on January 1, 1992.

For further information or to request consent to the retransmission of any program stream to which a "must-carry" election does not apply, please contact:

Name: Duane Lammers
Address: 1001 Boardwalk Spring Place
Suite 111A
O'Fallon, MO 63367
Phone: 636-695-4127
Email: duanelammers@centurytel.net

The Licensee provides this Election Notice pursuant to 47 C.F.R. Section 76.64.

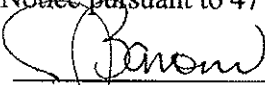
Signature: 
Name/Title: Jim Barjonct / General Manager

EXHIBIT A

CALL LETTERS	COMMUNITY	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
WGMB-TV	Baton Rou	<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Communities in the Station's t which this Exhibit A is attache		1. Article Addressed to:		B. Received by (Printed Name) <i>BLANK</i> C. Date of Delivery <i>9/6/11</i>	
Greensburg		PC one Cable LLC 17 South Franklin Turnpike Ramsey, NJ 07446		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number		[REDACTED]		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.	
[REDACTED]		[REDACTED]		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0669 0397 0000 0660 5007

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To <i>PC one Cable</i>	
Street, Apt. No., or PO Box No. <i>17 South Franklin Turnpike</i>	
City, State, ZIP+4 <i>Ramsey, NJ 07446</i>	
PS Form 3800, June 2002 See Reverse for Instructions	