

CABLE 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 6848) to the following:

Operator: Cobridge Communications  
Address: 9450 Manchester Road  
Suite 200  
St. Louis, MO 63119

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 Baronet / General Manager

EXHIBIT A

CALL LETTERS	COMMUNITY OF LICENSE	LICENSEE
WGMB-TV	Baton Rouge, LA	Comcorp of Baton Rouge License Corp

Communities in the Station's television market that are covered by the Cable Election Notice to which this Exhibit A is attached.

New Roads

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Darrell D.ey</i></p> <p>B. Received by (Printed Name) <i>Darrell D.ey</i> C. Date of Delivery <i>8-9-11</i></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>1. Article Addressed to:</p> <p><i>COBridge Communication 9450 Manchester Rd. Ste #200 St. Louis, MO 63119</i></p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail <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) 7005 0390 0000 1630 6848

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

8499 0390 0000 1630 6848

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *COBridge Communications*

Street, Apt. No. or PO Box No. *9450 Manchester Rd. Ste #200*

City, State, ZIP+4 *St. Louis, MO 63119*

PS Form 3800, June 2002 See Reverse for Instructions