

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 7001 0320 0002 8770 5161) to the following:

Operator: Allens TV Cable Services
Address: 800 Victor II Blvd
Morgan City, LA 70380

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

CABLE 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:

Bayou L'Ourse

Belle River

Berwick

Morgan City

Pierre Part

St Mary

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

OFFICIAL USE

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

Sent To: Allens TV Cable
 Street, Apt. No. or PO Box No.: 800 Victor II Blvd.
 City, State, ZIP+4: Morgan City, LA 70380

PS Form 3800, January 2001 See Reverse for Instructions

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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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</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 BX 2473</p>
<p>1. Article Addressed to:</p> <p>Allens TV Cable 800 Victor II Blvd. Morgan City, LA 70380</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>

2. Article Number (Transfer from service label) 7001 0320 0002 8770 5161