

CABLE ELECTION NOTICE

CALL LETTERS	COMMUNITY OF LICENSE	DMA TO WHICH NIELSEN MEDIA RESEARCH ASSIGNED STATION IN 2012-13 NSI
WSOC-TV	CHARLOTTE, NC	CHARLOTTE, NC
DTV CHANNEL (OVER THE AIR)	PRIMARY CHANNEL (VIRTUAL CHANNEL, E.G., 15.1)	LICENSEE NAME
34	9.1	WSOC TELEVISION, INC.

This Cable Election Notice is sent this 4th day of September 2014 via Certified Mail/Return Receipt Requested (Receipt Number 7011 1150 0001 3219 9395) to the following:

Operator:
Address:

Zito Media LP
102 South Main Street
Coudersport, PA 16915

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, 2015, and December 31, 2017, 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):

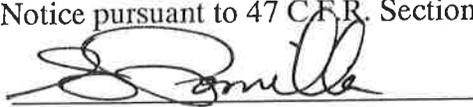
- The Station's PSIP major channel number ("virtual channel").
- The cable channel on which the Station was carried on July 19, 1985.
- The cable channel on which the Station was carried on January 1, 1992.

Further, we hereby notify you of our election not to renew, extend, or roll-over the term of any retransmission consent agreement that may be in place between our companies at this time. 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: Joe Pomilla
Address: 1901 North Tryon Street
Charlotte, NC 28206
Phone: 704-335-4785
Email: joe.pomilla@wsoc-tv.com

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

Signature:
Name/Title:


Joe Pomilla, VP & GM

CABLE ELECTION NOTICE

Exhibit A

CALL LETTERS	COMMUNITY OF LICENSE	LICENSEE
WSOC-TV	Charlotte, NC	WSOC Television, Inc.

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

Creston, Creston (S)

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:

Zito Media
 Attn: CEO/General Manager
 102 South Main Street
 Coudersport, PA 16915

2. Article Number

(Transfer from service label)

7011 1150 0001 3219 9395

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X David Snyder Agent
 Address

B. Received by (Printed Name)

David Snyder

C. Date of Delivery

09/05/14

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes