

HOAK MEDIA CORPORATION



500 Crescent Court
Suite 220
Dallas, Texas 75201
Tel 972.960.4848
Fax 972.960.4899

August 8, 2011

BY CERTIFIED MAIL

Mr. Charles Lucken
City of Fosston Cable TV
P.O. Box 239
Fosston, MN 56542

Re: Carriage of Station KVLY, Fargo, ND/Valley City, ND through a Retransmission Consent Agreement

Dear Mr. Lucken:

Hoak Media of Dakota License, LLC is the owner and operator of Station KVLY, Channel 11, assigned to the Fargo-Valley City, ND Designated Market Area ("DMA"). Hoak Media of Dakota License, LLC, as licensee of KVLY, hereby notifies you that, in accordance with Section 76.64(f) of the rules of the Federal Communications Commission ("Commission"), effective for the period beginning January 1, 2012 and ending December 31, 2014, it elects retransmission consent for all City of Fosston Cable TV's cable systems serving communities in the DMA, including, but not limited to, the following cable systems:

– Fosston, Minnesota

The Station's programming, including our unique mix of outstanding locally produced content, coupled with the network and syndicated programming, is of high interest to your subscribers. The Station is broadcasting in digital and currently carried on the vast majority if not all of the systems in the Nielsen Designated Market Area.

We will contact you regarding a Retransmission Consent Agreement in the coming weeks, or alternatively please feel free to contact us directly. Thank you for your time and consideration.

Sincerely,

Eric D. Van den Branden
President & Chief Executive Officer
Hoak Media Corporation

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:

Mr. Charles Lucken
 City of Fosston Cable TV
 P.O. Box 239
 Fosston, MN 56542

2. Article Number (Transfer from service label) **7010 1870 0001 2563 5723**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Archie Simpa

B. Received by (Printed Name) *Archie Simpa* C. Date of Delivery

D. Is delivery address different from item 1? 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

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

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Postage	\$	
Certified Fee		<i>5</i>
Return Receipt Fee (Endorsement Required)		<i>5</i>
Restricted Delivery Fee (Endorsement Required)		<i>5</i>
Total		<i>15</i>

Postmark Here

Sent to: Mr. Charles Lucken
 City of Fosston Cable TV
 P.O. Box 239
 Fosston, MN 56542

Street or PO
 City, State

PS Form 3800, August 2000

7010 1870 0001 2563 5723