

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 KVLV, 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 KVLV, Channel 11, assigned to the Fargo-Valley City, ND Designated Market Area ("DMA"). Hoak Media of Dakota License, LLC, as licensee of KVLV, 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

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amie Simpa*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Amie Simpa

C. Date of Delivery

- 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

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

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total

Mr. Charles Lucken

City of Fosston Cable TV

P.O. Box 239

Fosston, MN 56542

Postmark
Here

PS Form 3800, August 2000

Instructions