

**WDRB(TV) REPACK CERTIFICATION – MEDICAL NOTIFICATION REQUIREMENTS**

The undersigned hereby certifies that Independence Television Company, the licensee of WDRB(TV), has complied with the requirement under FCC rules to identify and notify health care facilities within the station's service area that could be potentially affected by the channel change related to the repack of WDRB(TV).

**SIGNATURE:****NAME:**

DALE R. WOODS

**TITLE:**

PRES/ GEN MGR

**DATE:**

10/23/19