

Sent in January

January 23, 2012

VIA CERTIFIED MAIL-RETURN RECEIPT REQUESTED

To: EchoStar Communications
9601 S. Meridian Blvd.
Englewood, CO 80112

Call Sign: WAWD

Name of Contact Person at Station: Jud Colley

Station Address for Receipt of Official Correspondence: P. O. Box 9556
Panama City, FL 32417

Stations Community of License: Ft. Walton Beach, FL

Station's DMA Assignment: Mobile, AL-Pensacola, FL-Ft. Walton Beach, FL

We elected the must carry option in the carriage election. Please be advised that we will begin delivering our signal by fiber to 1501 Satchel Page Drive, Mobile, AL on Feb. 10, 2012. Thanks.

By: _____
President

public inspection file.

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"/> X <i>Foster</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery <i>1-27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><i>Echostar Communication 9601 S Meridian Blvd. Englewood, Co. 80112</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p><i>7008 1830 0000 8885 0116</i></p>