

Submitted to Public File October-3, 2011
E. Carutt

CABLE
2012 ELECTION NOTICES.
FOR RETRANSMISSION

The following Cable System Operators were issued a Retransmission Election Notice from WYMT-TV. These Operators have Headends **WITHIN** the Lexington DMA – thus Election Notices were sent. WYMT received a RETURN RECEIPT (green card) from all the systems below (filed separately).

Access Cable TV
Altro TV Cable Inc.
Barbourville Utility Comm.
Big Sandy Broadband
C & W Cable, Inc.
Charter Communications
CNI Wireless Cable
College Cable Service, Inc.
Community TV Inc.
Crystal Broadband
Eagle Video Network
Eastern Cable Corp.
Frank Howard's TV Cable
Galaxy CBL Co-Jack's Creek
House Enterprises
Intermountain Cable
Mikrotec CATV, LLC
Mountain Telephone
New Wave Communications
PRTC (Peoples Rural Telephone Co.)
Ransom Cable TV Co.
Rick Howard TV Cable
Rockcastle Cable (Fields Cable)
Sudden Link Comm. (Cequel III)
Time Warner
TV Service, Inc.
Wilcop Cable TV
Zito Media

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.

I. Article Addressed to:

**ACCESS CABLE
ATTN: ROY BAKER
P.O. BOX 4005
WEST SOMERSET, KY 42564**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Roy Baker* Agent Addressee

B. Received by (Printed Name) 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

Article Number (Transfer from service label) **7002 0460 0001 0285 9167**

S Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

NOTICE

ROY BAKER MEDIA RESEARCH CORPORATION IN 2009-10 NSI

RETRANSMISSION LICENSEE, LLC

2011, via Certified (01) to the following: 67

West Somerset, KY 42564

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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 of 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: **Ernestine Cornett**
 Address: **WYMT-TV
PO Box 1299
Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *Gen. Mgr.*

CONTAINS ADDITIONAL COUNTIES IN ADDITION TO PREVIOUS MAILING

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:

Access Cable
Attn: Roy Baker
P.O. Box 4005
West Somerset, KY 42564

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roy Baker Agent Addressee

B. Received by (Printed Name) 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

NOTICE

NIelsen MEDIA RESEARCH
STATION IN 2009-10 NSI

ME
SION LICENSEE, LLC

2011, via Certified
) to the following:

2133 3931 3084 2590

Domestic Return Receipt 2ACPR1-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- mandatory carriage ("must-carry") on the following: (check one):
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 - 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 of 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: Ernestin ~~Garnett~~
 Address: WYMT- PO Box Hazard, KY 40331
 Phone: (606) 437-2937
 Email: ernestin

PO Box 293778

The Licensee provides this Election Notice p

Signature: Ernestin
 Name/Title: TX

Louisville, KY

Ernestin Garnett 75069

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:

Altro TV Cable
 Attn: Charles Back
 9708 Hwy. 1110
 Whick, KY 41390

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Charles Back Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 9/10/11

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

NOTICE

CH NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI

ME
 STATION LICENSEE, LLC

2011, via Certified
) to the following:
 8 2133 3931 3084 2606

Domestic Return Receipt 2ACPRI-03-P-4081

WHICK, KY 41390

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- mandatory carriage ("must-carry") on the following: (check one):
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 - 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 of 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: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: Ernestine Cornett 9/9/11
 Name/Title: General Mgr.

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.

Article Addressed to:

**Barbourville Utility Comm.
Attn: Josh Callahan
P.O. Box 1600
Barbourville, KY 40906**

Article Number
(Transfer from service label)

Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Sowder Agent Addressee

B. Received by (Printed Name) Agent Addressee
C. Date of Delivery **9/15/11**

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

NOTICE

**CH NIELSEN MEDIA RESEARCH
ATION IN 2009-10 NSI**

**ME
SION LICENSEE, LLC**

2011, via Certified
) to the following:
8 2133 3931 3084 2613

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- mandatory carriage ("must-carry") on the following: (check one):**
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 - 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.

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
PO Box 1299
Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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:

Big Sandy Broadband
 Attn: Paul David Butcher
 P.O. Box 586
 West Van Lear, KY 41268

Article Number
(Transfer from service label)

S Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tonya Wright

- Agent
- Addressee

B. Received by (Printed Name)
Tonya Wright

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

4. Restricted Delivery? (Extra Fee)

- Yes

NOTICE

CH NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

ME

SION LICENSEE, LLC

2011, via Certified
) to the following:
 2133 3931 3084 2620

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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:

C & W Cable, Inc.
Attn: Brett Williams
8086 Hwy. 3630
Annville, KY 40402-0490

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Brett Williams* Agent Addressee

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

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type **USPS - 40402**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 91 7108 2133 3931 3084 2972
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Annville, KY 40402-0490

NOTICE

**NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI**

ION LICENSEE, LLC

011, via Certified
3084 2972) to the following:

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 - The cable channel on which the Station was carried on January 1, 1992.

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *Gen. Mgr.*

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)
Mitchell Taylor

C. Date of Delivery
9-12-11

D. Is delivery address different from item 1?
 Yes
 No
 If YES, enter delivery address below:

NOTICE

**MITCHELL NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI**

Article/Addressed to:

**CNI Wireless Cable
 Attn: Mitchell Taylor
 310 W. Columbia St.
 Somerset, KY 42501**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

...r, 2011, via Certified
) to the following:
 08 2133 3931 3084 2644

Article Number
 Transfer from service label)
 Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- mandatory carriage ("must-carry") on the following: (check one):
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Name: **Ernestine Cornett**
 Address: **WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p align="center">Charter Communications Attn: Tony Fox 5026 S. Hwy. 27 Somerset, KY 42501</p> </div> <p>Article Number: (Transfer from service label)</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>A. King</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>A. King</i> 9-12-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Form 3811, August 2001</p>	<p align="center">Domestic Return Receipt</p> <p align="right">2ACPRI-03-P-408</p>

NOTICE

CH NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI

ME

SION LICENSEE, LLC

2011, via Certified
) to the following:
 133 3931 3084 2651

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

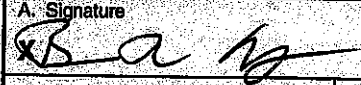

- retransmission consent.**
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Name: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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. Article Addressed to: College Cable Services, Inc. Attn: Brian Muncy P.O. Box 23373 Lexington, KY 40523	COMPLETE THIS SECTION ON DELIVERY A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Brian Muncy C. Date of Delivery 9-12-11 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	NOTICE CH NIELSEN MEDIA RESEARCH ATION IN 2009-10 NSI ME SION LICENSEE, LLC 2011, via Certified) to the following: 33 3931 3084 2668
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Article Number
 (Transfer from service label)
 Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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.

Article Addressed to:

Community TV, Inc.
Attn: Brenda Caudill
364 Riverview Dr.
Hazard, KY 41701

Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Brenda Caudill Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
9-12-11

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

NOTICE

CH NIELSEN MEDIA RESEARCH
ATION IN 2009-10 NSI
ME
SION LICENSEE, LLC

2011, via Certified
) to the following:
2133 3931 3084 2682

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 - The cable channel on which the Station was carried on January 1, 1992.

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

Crystal Broadband
Attn: Nidhin Johnson
P.O. Box 293778
Louisville, TX 75029

A. Signature

X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)

Nidhin Johnson

C. Date of Delivery

9-26-11

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

2. Article Number

(Transfer from service label)

91 7108 2133 3931 3084 2941

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

LOUISVILLE, TX 75029

NOTICE

H. NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

STATION LICENSEE, LLC

011, via Certified
(2941) to the following:

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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 of 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: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: General Mgr.

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.

Article Addressed to:

Eagle Video Network
110 Ginger Hall
Morehead, KY 40351

Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Jeff Smedley Agent
 Addressee

B. Received by (Printed Name) *Jeff Smedley* C. Date of Delivery *9-12-11*

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

NOTICE

CH NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

ME

SION LICENSEE, LLC

2011, via Certified
() to the following:

2133 3931 3084 2712

Form 3811, August 2001

Domestic Return Receipt

2ACPFI-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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").
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- The cable channel on which the Station was carried on January 1, 1992.

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature:
Name/Title:

Ernestine Cornett 9/9/11
General Mgr.

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:

Eastern Cable Corp.
 Attn: Dallas Eubanks/Derrick Eubanks
 P.O. Box 126
 7015 Main St.
 Corbin, KY 40702-0126

Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Dallas Eubanks

B. Received by (Printed Name) Yes No
Dallas Eubanks

C. Date of Delivery
9-13-11

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

NOTICE

HENRIESEN MEDIA RESEARCH
 TION IN 2009-10 NSI
 ION LICENSEE, LLC

2011, via Certified
) to the following:

33 3931 3084 2729

S Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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.

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Name: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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 <i>x Ernestine Cornett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ernestine Cornett</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
I. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> Fletcher, Heald & Hildreth Attn: Thomas J. Dougherty, Jr. 1300 North 17th Street, 11th Floor Arlington, VA 22209 </div>		SEP 28 2011 WASHINGTON, VA	
II. Article Number (Transfer from service label)			
S Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081		91 7108 2133 3931 3084 2958	

Sent 9/21/11
 via email response
 (hard copy)

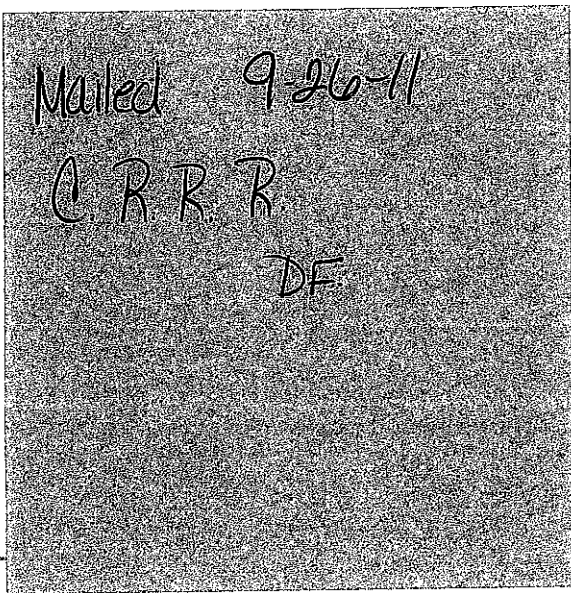
- Adobe Acrobat Professional

tion on the Mikrotec CATV system. For
 xington home market, three additional
 of a market modification request made
 e FCC's record per the following:

WYMT-TV's ADI, MEMORANDUM

Best Regards,
 Ernestine Cornett

Ernestine Cornett
 General Manager
 WYMT-TV
 PO BOX 1299
 Hazard, KY 41702
 Ph 606.436.5757 Ext. 1200
 Fx 606.439.0515
 Email: ernestine.cornett@wymtnews.com



From: Tom J. Dougherty [<mailto:dougherty@fhhlaw.com>]
Sent: Tuesday, September 20, 2011 2:47 PM
To: ernestine.cornett@wymtnews.com
Subject: Network Non-duplication Request of Mikrotec.pdf - Adobe Acrobat Professional
Importance: High

Ms. Cornett,

Please find attached to this letter a response to the request of Mikrotec CATV by WYMT for network non-duplication protection. Thanks. Tom Dougherty

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Frank Howard TV
Attn: Rick Howard
P.O. Box 330
Salyersville, KY 41465

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/13/11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Della Howard
Della Howard

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

NOTICE

NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

IE

ION LICENSEE, LLC

2011, via Certified
) to the following:

3 3931 3084 2743

Salyersville, KY 41465

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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.

Article Addressed to:

**GALAXY CABLE COMPANY
ATTN: BILL PENNINGTON
P.O. BOX 130
HYDEN, KY 41749**

Article Number
(Transfer from service label)

7002 0460 0001 0285 9150

Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

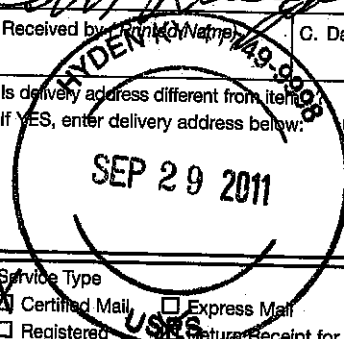
A. Signature
Bill Pennington Agent Addressee

B. Received by (Print or Name) 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



NOTICE

**CH NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI**

**ME
SION LICENSEE, LLC**

2011, via Certified
(0001) to the following:
5-9150

Hyden, KY 41749

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
PO Box 1299
Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *Gen. Mgr.*

CONTAINS ADDITIONAL COUNTIES IN ADDITION TO PREVIOUS MAILING

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:

Galaxy Cable Company
 Attn: Bill Pennington
 P.O. Box 130
 Hyden, KY 41749

Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

SEP 13 2011

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

NOTICE

NIELSEN MEDIA RESEARCH
 TION IN 2009-10 NSI

SION LICENSEE, LLC

2011, via Certified
) to the following:

33 3931 3084 2750

S Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *[Handwritten Signature]*
 Name/Title: General Mgr

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>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>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x Kathleen Cornett</i></p> <p>B. Received by (Printed Name) <i>Kathleen Cornett</i></p> <p>C. Date of Delivery <i>9/2/11</i></p>
<p>Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>House Enterprises Attn: Stella House P.O. Box 422 Manchester, KY 40962</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from service label)</p>	
<p>S Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4091</p>	

NOTICE

CH NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI
 ME
 STATION LICENSEE, LLC

2011, via Certified
) to the following:
 33 3931 3084 2774

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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:

Gearheart Comm. Inc.
 Attn: Paul D. Gearheart
 P.O. Box 159
 Harold, KY 41635

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Kelly Fidell Addressee

B. Received by (Printed Name) Date of Delivery
KELLY FIDELL *9/12/11*

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

NOTICE

CH NIELSEN MEDIA RESEARCH
TION IN 2009-10 NSI

SION LICENSEE, LLC

2011, via Certified

) to the following:

133 3931 3084 2767

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: Ernestine Cornett 9/9/11
 Name/Title: General Mgr.

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"/> <i>David Elliott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David Elliott</i></p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">USPS 40336</p>
Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Irvine Community TV, Inc. Attn: Jim Hays P.O. Box 186 Irvine, KY 40336	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Article Number (Transfer from service label)	

NOTICE

**CH NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI**

ME

SION LICENSEE, LLC

2011, via Certified
) to the following:
 83 3931 3084 2781

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name:	Ernestine Cornett
Address:	WYMT-TV PO Box 1299 Hazard, Kentucky 41702
Phone:	(606) 436-5757 Extension: 1200
Email:	ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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.

Article Addressed to:

MEDIACOM
ATTN: WILL KUEBLER
1533 S. ENTERPRISE AVE.
SPRINGFIELD, MO 65804

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Elisa Roldan
 B. Received by (Printed Name) *Elisa Roldan* C. Date of Delivery *OCT 01 2011*
 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

Article Number (Transfer from service label)

7002 0460 0001 0285 9174

Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

Springfield, MO 65804

NOTICE

CH NIELSEN MEDIA RESEARCH
ATION IN 2009-10 NSI

ME

SION LICENSEE, LLC

2011, via Certified
 001) to the following:
 9174

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *Gen. Mgr.*

CONTAINS ADDITIONAL COUNTIES IN ADDITION TO PREVIOUS MAILING

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.

Article Addressed to:

**MIKROTEC, CATV, LLC
ATTN: PAUL D. GEARHEART
P.O. BOX 159
HAROLD, KY 41635**

Article Number
(Transfer from service label)

Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Fidell Agent Addressee

B. Received by (Printed Name) *KELLY FIDELL* Date of Delivery *9/11/11*

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

NOTICE

**NICH NIELSEN MEDIA RESEARCH
ATION IN 2009-10 NSI**

**ME
SION LICENSEE, LLC**

r, 2011, via Certified
) to the following:
2133 3931 3084 2927

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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 of 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: **Ernestine Cornett**
Address: **WYMT-TV
PO Box 1299
Hazard, Kentucky 41702**
Phone: **(606) 436-5757 Extension: 1200**
Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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: Colin Higgin
P.O. Box 309
Coudersport, PA 16915

A. Signature
 David Smith Agent
 Addressee

B. Received by (Printed Name)
David Smith

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

NOTICE

CH NIELSEN MEDIA RESEARCH
 ATION IN 2009-10 NSI

ME

SION LICENSEE, LLC

2. Article Number
 (Transfer from service label)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2011, via Certified
) to the following:
 33 3931 3084 2910

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- mandatory carriage ("must-carry") on the following: (check one):
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 - 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.

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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:

Wilcop Cable TV
 Attn: John Wilcop
 P.O. Box 558
 Brodhead, KY 40409

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

John Wilcop
 B. Received by (Printed Name) *John Wilcop* C. Date of Delivery *9/12/11*

D. Is delivery address different from item 1? Yes No
if YES, enter delivery address below:

NOTICE
 CH NIELSEN MEDIA RESEARCH
 ATION IN 2009-10 NSI
 ME
 ISSION LICENSEE, LLC

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2011, via Certified
) to the following:
 133 3931 3084 2903

4. Restricted Delivery? (Extra Fee) Yes No

BRODHEAD, KY 40409

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- 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.

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/16/11*
 Name/Title: *General Mgr*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Steve Smith* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:

NOTICE

CH NIELSEN MEDIA RESEARCH
 ATION IN 2009-10 NSI

ME

SION LICENSEE, LLC

1. Article Addressed to:

Time Warner
 1617 Foxhaven Dr.
 Richmond, KY 40475

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2011, via Certified
) to the following:

2. Article Number
 (Transfer from service label)

4. Restricted Delivery? (Extra Fee) Yes No

3 3531 3084 2897

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

RICHMOND, KY 40475

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- 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.

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

SENDER - COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

TV Service, Inc.
Attn: Archie Everage
P.O. Box 1410
Hindman, KY 41822

A. Signature
X Sheila Mosley Agent Addressee

B. Received by (Printed Name)
Sheila Mosley

C. Date of Delivery
9-12-11

NOTICE

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

**NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI**

2. Article Number
(Transfer from service label)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

STATION LICENSEE, LLC

4. Restricted Delivery? (Extra Fee) Yes

2011, via Certified
) to the following:
33 3931 3084 2880

Hindman, KY 41822

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 - 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.

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
PO Box 1299
Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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:

TV SERVICE, INC.
 ATTN: ARCHIE EVERAGE
 P.O. BOX 1410
 HINDMAN, KY 41822

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Joan Combs Agent Addressee

B. Received by (Printed Name) *Joan Combs* C. Date of Delivery *10-4-11*

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

Article Number
 (Transfer from service label) **7002 0460 0001 0285 9136**

NOTICE

**CH NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI**

ME

STATION LICENSEE, LLC

2011, via Certified
 (001) to the following:
 36

S Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**F.O. 1710
 Hindman, KY 41822**

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *Gen. Mgr.*

CONTAINS ADDITIONAL COUNTIES IN ADDITION TO PREVIOUS MAILING

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:

Sudden Link
 Attn: Julie Potthast
 12444 Powerscourt Dr.
 Saint Louis, MO 63131

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X
 B. Received by (Printed Name)
*Rec'd by Mailroom
 Caquel III/Suddenlink*

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:

OTICE

**NIELSEN MEDIA RESEARCH
 ION IN 2009-10 NSI**

E

ION LICENSEE, LLC

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

011, via Certified
 951) to the following:
 3004 3009

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

*Addendum
 Made
 9-15-11*

With respect to all communities within the Station's "television" C.F.R. § 76.55(e) served by cable systems owned or managed by those listed in our current retransmission consent agreement and EXHIBIT A hereto) between January 1, 2012, and December 31, following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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- 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.

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett*
 Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

Article Addressed to

Sudden Link
 Attn: Julie Potthast
 12444 Powerscourt Dr.
 Saint Louis, MO 63131

A. Signature
 X Rec'd by Mailroom
 Agent
 Addressee

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

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

NOTICE

CH NIELSEN MEDIA RESEARCH
 ACTION IN 2009-10 NSI

ME

SION LICENSEE, LLC

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2011, via Certified
) to the following:
 33 3931 3084 2866

Article Number
(Transfer from service label)

S Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

SAINT LOUIS, MO 63131

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature:
 Name/Title:

Ernestine Cornett 9/9/11
General Mgr.

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:

Sudden Link
Attn: Dave Bach
P.O. Box 1220
Scott Depot, WV 25560

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name)
TODD FIELDS

C. Date of Delivery
9/15/11

D. Is delivery address different from item 1?
 if YES, enter delivery address below: Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

NOTICE

NIELSEN MEDIA RESEARCH
CONDUCTED IN 2009-10 NSI

Addendum

Mailed 9-15-11

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *General Mgr.*

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.

Article Addressed to:

Sudden Link
Attn: Dave Bach
P.O. Box 1220
Scott Depot, WV 25560

Article Number
(Transfer from service label)

Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee
B. Received by (Printed Name)
BOB FERRELL
C. Date of Delivery
9/12/11
D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

NOTICE

WYMT-TV
NICHOLSON MEDIA RESEARCH
STATION IN 2009-10 NSI

NAME

VISION LICENSEE, LLC

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

, 2011, via Certified
() to the following:
2133 3931 3084 2675

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: Ernestine Cornett
Address: WYMT-TV
PO Box 1299
Hazard, Kentucky 41702
Phone: (606) 436-5757 Extension: 1200
Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/19/11*
Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature

X

[Handwritten Signature]

- Agent
- Addressee

NOTICE

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

**PH NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI**

ME

STATION LICENSEE, LLC

1. Article Addressed to:

Sudden Link
Attn: John Cox
3 Eagle Drive
South Charleston, WV 25303

3. Service Type

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

2011, via Certified
) to the following:

4. Restricted Delivery? (Extra Fee) Yes

3931 3084 2873

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

South Charleston, WV 25303

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, 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):

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- The cable channel on which the Station was carried on January 1, 1992.

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature:
Name/Title:

Ernestine Cornett 9/9/11
General Mgr.

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:

Sudden Link
Attn: John Cox
3 Eagle Drive
South Charleston, WV 25303

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Handwritten Signature]

B. Received By (Printed Name) Yes No
[Handwritten Name]

C. Date of Delivery Yes No
7/17

D. Is delivery address different from item 1? Yes No
if YES, enter delivery address below:

OTICE

H. NIELSEN MEDIA RESEARCH
ION IN 2009-10 NSI

ION LICENSEE, LLC

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

.011, via Certified
931) to the following:
204 2 989

Addendum

With respect to all communities within the Station's "television C.F.R. § 76.55(e) served by cable systems owned or managed by those listed in our current retransmission consent agreement an EXHIBIT A hereto) between January 1, 2012, 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 of 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: **Ernestine Cornett**
 Address: **WYMT-TV**
PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett*
 Name/Title: *General Mgr.*

Mailed 9-15-11

CABLE-TELCO ELECTION NOTICE

Will attempt to hand deliver to office 9/26/11 per E.C.

SE	DMA TO WHICH NIELSEN MEDIA RESEARCH ASSIGNED STATION IN 2009-10 NSI
	LEXINGTON
3., 15.1)	LICENSEE NAME
	GRAY TELEVISION LICENSEE, LLC

is 9th day of September, 2011, via Certified
 mber _____) to the following:

91 7108 2133 3931 3084 2736

astle Cable, Fields Cable, Buckhorn Cable
 James Fields
 ox 208
 , KY 41729

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: Ernestine Cornett 9/9/11
 Name/Title: General Mgr.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		NOTICE A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
Article Addressed to: Rick Howard TV Cable Attn: Rick Howard P.O. Box 330 Salyersville, KY 41465		B. Received by (.Printed Name) C. Date of Delivery 9-13-11	CH NIELSEN MEDIA RESEARCH ATION IN 2009-10 NSI
Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, enter delivery address below:	
		Delta Howard Delta Howard	
		E. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, enter delivery address below:	
		ME SION LICENSEE, LLC	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		2011, via Certified _____) to the following: 33 3931 3084 2859	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: Ernestine Cornett 9/9/11
 Name/Title: General Mgr

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Article Addressed to:

Ransom Cable TV Co.
Attn: Phil Ransom
24 Park Dr.
London, KY 40741

Article Number
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Phil Ransom

B. Received by (Printed Name) C. Date of Delivery
9/17/11

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

NOTICE

CH NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

ME
STATION LICENSEE, LLC

2011, via Certified
) to the following:
133 3931 3084 2842

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: Ernestine Cornett
 Address: WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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:

Peoples Rural Telephone Coop
 Attn: Keith Gabbard
 P.O. Box 159
 McKee, KY 40447

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *9/12/11*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

NOTICE

JOHN NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

ME

STATION LICENSEE, LLC

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2011, via Certified
 _____) to the following:
 133 3931 3084 2835

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Peoples Rural Telephone Coop.
 Attn: Keith Gabbard
 P.O. Box 159
 McKee, KY 40447

Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____
 C. Date of Delivery 9-15-11

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

NOTICE

**KEITH NIELSEN MEDIA RESEARCH
 STATION IN 2009-10 NSI**

NAME

VISION LICENSEE, LLC.

, 2011, via Certified
 () to the following:
3084 2965

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 Address: **WYMT-TV
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 Hazard, Kentucky 41702**
 Phone: **(606) 436-5757 Extension: 1200**
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett*
 Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

Article Addressed to:

New Wave Communications
Attn: Mark Bookout
1387 North Main
Beaver Dam, KY 42320

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *Lisa Vance* C. Date of Delivery *9/12/11*

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 No

NOTICE

NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI

STATION LICENSEE, LLC

011, via Certified
) to the following:
 ,33 3931 3084 2804

1. Article Number
 (Transfer from service label)

beaver Dam, KY 42320

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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PO Box 1299
Hazard, Kentucky 41702
 Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

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.

Article Addressed to:

New Wave Communications
Attn: Mark Bookout
5026 S. Hwy. 27
Somerset, KY 42501

Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
A. King

B. Received by (Printed Name) *A. King* C. Date of Delivery *9-12-11*

D. Is delivery address different from item 1?
 if YES, enter delivery address below: Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

NOTICE

WYMT-TV
NIELSEN MEDIA RESEARCH
STATION IN 2009-10 NSI
LICENSEE, LLC

2011, via Certified
) to the following:
133 3931 3084 2811

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: Ernestine Cornett
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 Hazard, Kentucky 41702
 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr.*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent Addressee
X Christine Horn

B. Received by (Printed Name) Christine Horn C. Date of Delivery 9-13-11

NOTICE

**CH NIELSEN MEDIA RESEARCH
 ATION IN 2009-10 NSI**

ME

SION LICENSEE, LLC

1. Article Addressed to:

**New Wave Communications
 Attn: Mark Bookout
 1 Montgomery Plaza 4th Floor
 Sikeston, MO 63801**

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 No

2011, via Certified
) to the following:
 3 3931 3084 2828

2. Article Number
 (Transfer from service label)

Sikeston, MO 63801

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Name: **Ernestine Cornett**
 Address: **WYMT-TV
 PO Box 1299
 Hazard, Kentucky 41702**

Phone: **(606) 436-5757 Extension: 1200**
 Email: **ernestine.cornett@wymtnews.com**

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

Signature: Ernestine Cornett 9/9/11
 Name/Title: General Mgr

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

New Wave Communications
 Attn: Mark Bookout
 1 Montgomery Plaza 4th Floor
 Sikeston, MO 63801

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Ernestine Cornett

B. Received by (Printed Name)
Ernestine Cornett

C. Date of Delivery
9-9-11

D. Is delivery address different from Item 1? Yes
 if YES, enter delivery address below: No

NOTICE

CH NIELSEN MEDIA RESEARCH
 ATION IN 2009-10 NSI

ME
 SION LICENSEE, LLC

3. Service Type

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

2011, via Certified
) to the following:

4. Restricted Delivery? (Extra Fee) Yes No 3 3931 3084 2828

Sikeston, MO 63801

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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 Phone: (606) 436-5757 Extension: 1200
 Email: ernestine.cornett@wymtnews.com

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

Signature: *Ernestine Cornett 9/9/11*
 Name/Title: *General Mgr*

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.	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Harold Kuten</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
--	---

NOTICE

**NICH NIELSEN MEDIA RESEARCH
ATION IN 2009-10 NSI**

ME

SION LICENSEE, LLC

1. Article Addressed to:	Mountain Tele-Communications Attn: W.A. Gillum P.O. Box 399 West Liberty, KY 41472-0399
2. Article Number (Transfer from service label)	91 7108 2133 3931 3084 2934 ons 2011, via Certified 3084) to the following: 8934

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

West Liberty, KY 41472-0399

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 our current retransmission consent agreement and including those listed in EXHIBIT A hereto) between January 1, 2012, and December 31, 2014, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

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Address:	WYMT-TV PO Box 1299 Hazard, Kentucky 41702
Phone:	(606) 436-5757 Extension: 1200
Email:	<u>ernestine.cornett@wymtnews.com</u>

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

Signature:	<u><i>Ernestine Cornett</i></u>
Name/Title:	<u>General Mgr.</u>