Submitted to Public File October-3, 2011 ECRUET

2012 ELECTION NOTICES. FOR RETRANSMISSION

The following Cable System Operators were issued a Retransmission Election Notice from WYMT-TV. These Operators have Headends <u>WITHIN</u> 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

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Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card Attach this card to the back of or on the front if space permits	desired. on the reverse to you.	A. Signature X
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ACCESS CABI		/IE
ATTN: ROY BA P.O. BOX 400 WEST SOMERSET, K	5	3. Service Type A Certified Mail Registered Insured Mail C.O.D. SION LICENSEE, LLC SION LICENSEE, LLC 2011, via Certified
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Form 3811, August 2001	Domestic Retu	un Doorle
		102595-01-M-2509
		West Somerset, KY 42564
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Name/Title:

Contains additional counties in addition to previous mailing

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The Licensee provides this E	
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Address:	WYMT-TV	
	PO Box 1299	
Phone:	Hazard, Kentucky 41702 (606) 436-5757 Extension: 1200	n.
Email:	ernestine.cornett@wymtnews.con	
The Licensee provides this Elec	ction Notice pursuant to 47 C.F.R. Section	on 76.64.
Signature:	Can to Conto	
Name/Title:	Ernesten Canett	_
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CNI Wireless Cable Attn: Mitchell Taylor	VISION LICENSEE, LLC
310 W. Columbia St. Somerset, KY 42501	3. Service Type SCertified Mail Registered Registered Receipt for Merchandise Registered Mail Research Receipt for Merchandise Registered Mail Research Receipt for Merchandise Registered Mail Research Receipt for Merchandise
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Morehead, KY 40351	3. Service Type ☐ Express Mail ☐ Express Mail		2011, via Certified
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Eastern Cable Corp. Attn: Dallas Eubanks/Derrick Eubanks P.O. Box 126	n (ES, enter delivery address below: ☐ No	IE SION LICENSEE, LLC
7015 Main St. Corbin, KY 40702-0126	☐ Registered	2011, via Certified) to the following: 33 3931 3084 2729
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Name: Address:	Ernestine Cornett WYMT-TV	
Phone: Email:	PO Box 1299 Hazard, Kentucky 41702 (606) 436-5757 Extension: 1200 ernestine.cornett@wymtnews.com) <u>1</u>
The Licensee provides this Ele	ection Notice pursuant to 47 C.F.R. Section	on 76.64.

Signature: Eurotino Cornett 9/9/11
Name/Title: Learned Mgs.

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1300 North 17 th Street, 11 th Floor Arlington, VA 22209	3. Service Type A. Certified Mail	tion on the Mikrotec CATV system. For xington home market, three additional of a market modification request made
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Best Regards, Ernestine Cornett	Mailed	926-11
Ernestine Cornett General Manager WYMT-TV PO BOX 1299	QRR.	R De
Hazard, KY 41702 Ph 606.436.5757 Ext. 1200 Fx 606.439.0515 Email: <u>ernestine.cornett@wymtnew</u>	s.com	ντ.
Exami Tom 1 Doughout, Incillanda		

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

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ENDER: 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.	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery	OTICE
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Frank Howard TV Attn: Rick Howard	O AA 11	AE SION LICENSEE, LLC
P.O. Box 330 Salyersville, KY 41465	3. Service Type Certified Mall Registered CO.D.	2011, via Certified) to the following:
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Name: Address:	Ernestine Cornett WYMT-TV PO Box 1299 Hazard, Kentucky 41702	
Phone:	(606) 436-5757 Extension: 120	0
Email:	ernestine.cornett@wymtnews.co	
The Licensee provides this E	lection Notice pursuant to 47 C.F.R. Secti	on 76.64.
Signature:	Finate . Court ala	/,,
Name/Title:	Esnestin Cornett 9/9 Several Mgs.	

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HYDEN, KY 41	1	Certified Mail.	xpress Mail etura Receipt for Merchandise	
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Emai	II :	<u>ernestine.co</u>	omett@wymtnews.	COIII
The License	e provides this El	lection Notice pursi	uant to 47 C.F.R. Se	ection 76.64.
Signs				
l Diein	ature:	Phasa	time Cornett	

Name/Title:

CONTAINS ADDITIONAL COUNTIES IN ADDITION TO PREVIOUS MAILING

SENDER: COMPLETE THIS SECTION		
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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 Addresse Addresse C. Date of Delivery	<u> </u>
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Galaxy Cable Company Attn: Bill Pennington		SION LICENSEE, LLC
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The Licensee provides this Election Notice pursuant to 47 C.F.R. Section 76.64.

Signature: Name/Title: Ernestin Cornett 9/9/11
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MIKROTEC, CATV, LLC		ME
. ATTN: PAUL D. GEARHEART		ISION LICENSEE, LLC
P.O. BOX 159 HAROLD, KY 41635	3. Sefvice Type	r, 2011, via Certified) to the following:
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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	A. Signature X Daw SA Addressee VOTICE
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	CH NIELSEN MEDIA RESEARCH
Article Addressed to:	D. Is delivery address different from item 1?
	ME
ZITO Madia	WE.
ZITO Media Attn: Colin Higgin	SION LICENSEE, LLC
P.O. Box 309	3. Service Type
Coudersport, PA 16915	Certified Mail
	Registered Return Receipt for Merchandise to the following:
	4. Restricted Delivery? (Extra Fee)
. Article Number	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Transfer from service label)	
S Form 3811, August 2001 Domestic Re	eturn Receipt 2ACPRI-03-P-4081
	Coudersport, FA 10315
With respect to all comme	
	unities within the Station's "television market" (as defined in 47
C.F.R. § 76.55(e)) served b	by cable systems owned or managed by your company (including
those listed in our current	retransmission consent agreement and including those listed in
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one box below):	many video stream of the Station's digital signal (Heensee to check
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Further, we hereby notify yo	ou of our election not to renew, extend, or roll-over the term of any of
retransmission consent agree	ement that may be in place between our companies at this time. For
further information or to rea	uest consent to the retransmission of any program stream to which a
"must-carry" election does n	not apply, please contact:
,	T. E. T. Y. E. T. STATE TO STA
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 E	Election Notice pursuant to 47 C.F.R. Section 76.64.
Signature:	Eggetting Court dole.
Name/Title:	Ernistine Camitt 9/9/11 Beneal Mgr.
Ivalue/ Hue.	senia regi.
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or on the front if space permits.	falling Wilcop 9/12/11	CH NIELSEN MEDIA RESEARCH
Article Addressed to:	D. Is delivery address different from item 1? Yes	ATION IN 2009-10 NSI
	if YES, ebter delivery address below: ☐ No	
		ME
Wilcop Cable TV		
Attn: John Wilcop		ISION LICENSEE, LLC
P.O. Box 558	3. Service Type	
Brodhead, KY 40409	Certified Mail	2011, via Certified
	☐ Insured Mail ☐ C.O.D.) to the following:
	4. Restricted Delivery? (Extra Fee) Yes	133 3931 3084 2903
Article Number		
(Transfer from service label)		-
S Form 3811, August 2001 Domestic Re	turn Receipt 2ACPRI-03-P-4081	•
!	Broaneaa, KY 40409	

With respect to all commi	inities within the Station's "television i	narket" (as defined in 47
C.F.R. § 76.55(e)) served 1	by cable systems owned or managed by	your company (including
those listed in our current	retransmission consent agreement and	l including those listed in
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further information or to req	uest consent to the retransmission of any	program stream to which a
"must-carry" election does r	not apply, please contact:	
Name:	Ernestine Cornett	
Address:	WYMT-TV	
	PO Box 1299	
	Hazard, Kentucky 41702	
Phone:	(606) 436-5757 Extension: 12	.00
Email:	emestine.comett@wymtnews.co	
The Licensee provides this F	Election Notice pursuant to 47 C.F.R. Sec	-
	A A A A A A A A A A A A A A A A A A A	uon 70.04.
Signature:	Expestine Carnett 9/9/11	
Name/Title:	Espestine Canett 9/9/1,	
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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
. Article Addressed to:	D. Is delivery address different from item 1?
	ME .
Time Warner	ISION LICENSEE, LLC
1617 Foxhaven Dr. Richmond, KY 40475	3. Service Type Certified Mail
Anti-la Niverhau	4. Restricted Delivery? (Extra Fee) 다 Yes 3 3 9 3 1 3 1 급 4 급 급 연구 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
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· •	Richmond, KY 404/5
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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 Shala Mosley Agent Addressee B. Received by (Printed Name) Sheila Mosley 9-12-1
Article Addressed to:	D. Is delivery address different from Hem 1?
TV Service, Inc.	1E
Attn: Archie Everage	3. Service Type HON LICENSEE, LLC
P.O. Box 1410 Hindman, KY 41822	Certified Mail Registered Insured Mail C.O.D. 1 to the following:
Autora Strumbon	4. Restricted Delivery? (Extra Fee) Yes 33 3731 3084 2880
Article Number (Transfer from service label)	
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	Hindman, KY 41822
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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:	A. Signature X	CH NIELSEN MEDIA RESEARCH ATION IN 2009-10 NSI
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P.O. BOX 1410 HINDMAN, KY 41822	3. Service Type A Certified Mail Registered Insured Mail Restricted Delivery? (Extra Fee) Service Type Express Mail C.O.D. Yes	2011, via Certified Oo/) to the following:
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The Licensee provides this	Election Notice pursuant to 47 C.F.R. S	
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Signature: Name/Title:	Exporting County Sin. Mgr. ITIONAL COUNTIES IN ADDITION TO	

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 A. Signature B. Received Addressee C. Date of Delivery D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No 3. Service Type Completely Addressed Addressee C. Date of Delivery No	-
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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	H NIELSEN MEDIA RESEARCH
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Attn: Dave Bach P.O. Box 1220	3. Service Type	i a l
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Name:	Ernestine Cornett	
Address:	WYMT-TV	
	PO Box 1299	
Phone:	Hazard, Kentucky 41702	
Email:	(606) 436-5757 Extension: 1200 ernestine.cornett@wymtnews.com	
	ction Notice pursuant to 47 C.F.R. Section	
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Name: Address:	Ernestine Cornett WYMT-TV PO Box 1299	
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The Licensee provides this I	Election Notice pursuant to 47 C.F.R. Se	ction 76.64.
Signature: Name/Title:	Ernesten Court 9/9/ Lennal 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: John Cox 3 Eagle Drive South Charleston, WV 25303	A. Signature A. Signature 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 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	OTICE H NIELSEN MEDIA RESEARCH TION IN 2009-10 NSI E ION LICENSEE, LLC 011, via Certified 93/) to the following:
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Name: Address:	Ernestine Cornett WYMT-TV PO Box 1299 Hazard, Kentucky 41702	
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The Licensee provides this Ele	ection Notice pursuant to 47 C.F.R. Secti	on 76.64.
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CABLE-TELCO ELECTION NOTICE

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so that we can return the card to you. I Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery CH NIELSEN MEDIA RESEARCH TION IN 2009-10 NSI D. Is delivery address different from item 1? Types
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P.O. Box 330 Salyersville, KY 41465	3. Service Type Certified Mail Registered Insured Mail C.O.D. 2011, via Certified to the following: 3 Service Type 2011, via Certified 3 Service Type 4 Service Type 5 Service Type 2011, via Certified 5 Service Type 6 Service Type 10 Service Type 10 Service Type 10 Service Type 11 Service Type 12 Service Type 13 Service Type 14 Service Type 15 Service Type 16 Service Type 17 Service Type 18 Service Type 18 Service Type 19 Service Type 10 Service Type 11 Service Type 12 Service Type 13 Service Type 14 Service Type 15 Service Type 16 Service Type 17 Service Type 17 Service Type 18 Serv
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C.F.R. § 76.55(e)) served those listed in our current EXHIBIT A hereto) between	onities within the Station's "television market" (as defined in 47 by cable systems owned or managed by your company (including retransmission consent agreement and including those listed in een January 1, 2012, and December 31, 2014, the Licensee elects the imary video stream of the Station's digital signal (licensee to check
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Name: Address:	Ernestine Cornett WYMT-TV PO Box 1299
Phone: Email:	Hazard, Kentucky 41702 (606) 436-5757 Extension: 1200 ernestine.cornett@wymtnews.com
The Licensee provides this	Election Notice pursuant to 47 C.F.R. Section 76.64.
Signature: Name/Title:	Ernestine Comit 9/9/11 Seneral Mgs

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:	A. Signature X	ssee
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Phone:	(606) 436-5757 Extension: 1	200
Email:	ernestine.cornett@wymtnews.	
The Licensee provides this	Election Notice pursuant to 47 C.F.R. Se	ection 76.64.
Signature:	Ernesten Cornett 9/	9/11_
Name/Title:	Louis Mgs.	·
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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.	B Received by (Printed Name) C. Date of Delivery	OTICE H NIELSEN MEDIA RESEARCH TION IN 2009-10 NSI
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New Wave Communications Attn: Mark Bookout	E—————————————————————————————————————
1387 North Main Beaver Dam, KY 42320	3. Service Type Certified Mail Registered Insured Mail C.O.D. Express Mail Continued Mail Control Merchandise Total Me
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Phone: Email:	(606) 436-5757 Extension: 1200 ernestine.cornett@wymtnews.com
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 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: New Wave Communications Attn: Mark Bookout 1 Montgomery Plaza 4th Floor Sikeston, MO 63801 	Addressee Addressee Addressee C. Date of Delivery CH NIELSEN MEDIA RESEARCH ATION IN 2009-10 NSI ME SION LICENSEF, LLC 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Addressee CH NIELSEN MEDIA RESEARCH ATION IN 2009-10 NSI ME 2011, via Certified
	☐ Insured Mail ☐ C.O.D. to the following: 4. Restricted Delivery? (Extra Fee) ☐ Yes 3 3 3 3 3 1 3 0 8 4 2 8 2 8
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those listed in our current EXHIBIT A hereto) between	oy cable systems owned or managed by your company (including retransmission consent agreement and including those listed in een January 1, 2012, and December 31, 2014, the Licensee elects the imary video stream of the Station's digital signal (licensee to check on consent.
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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, 	A Signature A Signature A Signature A Agent Addressee OTICE C. Date of Delivery CH NIELSEN MEDIA RESEARCH
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from Item 1? Yes
1. Allicia Addressad to.	if YES, enter delivery address below: No
New Wave Communications	ME
Attn: Mark Bookout	SION LICENSEE, LLC
1 Montgomery Plaza 4 th Floor	3. Service Type
Sikeston, MO 63801	Certified Mail Registered Insured Mail C.O.D. Express Mail C.O.D. 2011, via Certified to the following:
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2. Article Number (Transfer from service label)	
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C.F.R. § 76.55(e)) served by those listed in our current EXHIBIT A hereto) between	nities within the Station's "television market" (as defined in 47 y cable systems owned or managed by your company (including retransmission consent agreement and including those listed in en January 1, 2012, and December 31, 2014, the Licensee elects the mary video stream of the Station's digital signal (licensee to check on consent.
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Name:	Ernestine Cornett
Address:	WYMT-TV
	PO Box 1299
DI	Hazard, Kentucky 41702
Phone: Email:	(606) 436-5757 Extension: 1200 ernestine.cornett@wymtnews.com
	Election Notice pursuant to 47 C.F.R. Section 76.64.
Signature:	Ernesten Comtt 9/9/11
Name/Title:	- Durad May

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Consider 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,	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery	NOTICE
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