

**OKLAHOMA LAND COMPANY L.L.C.**  
**5101 S. Shields Blvd.**  
**Oklahoma City, OK 73129**  
**Phone 405.616.5500 Fax 405.616.5554**

August 29, 2008

**Via Certified Mail Return Receipt Requested**

DIRECTV, Inc.  
Ms. Linda Burakoff  
Senior Vice President – Programming  
2230 East Imperial Highway  
El Segundo, CA 90245

Re: Facility ID No. 7748  
KTUZ-TV, Shawnee, Oklahoma  
Election of Mandatory Carriage

Dear Ms. Burakoff:


Oklahoma Land Company LLC, licensee of Station KTUZ-TV, NTSC Channel 30, DTV Channel 29, Shawnee, Oklahoma ("KTUZ"), hereby elects mandatory carriage for the election cycle commencing on January 1, 2009, on DIRECTV pursuant to Section 76.66(b) of the Federal Communications Commission's rules. See 47 C.F.R. § 76.66(b). As required by Section 76.66(d) of the FCC's rules, KTUZ provides the following information:

<b>Call Sign:</b>	KTUZ-TV
<b>Contact Person:</b>	Ty Tyler
<b>Mailing Address:</b>	5101 S. Shields Oklahoma City, Oklahoma 73129
<b>Community of License:</b>	Shawnee, Oklahoma
<b>DMA Assignment:</b>	Oklahoma City, Oklahoma
<b>Election:</b>	Mandatory Carriage

At the end of the DTV transition on February 17, 2009, KTUZ will broadcast only on DTV Channel 29.

Please direct any questions regarding this election to the undersigned.

Sincerely,

  
Ty A. Tyler, Operating Manager/Member  
Oklahoma Land Company LLC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9/5/08</u></p>
<p>1. Article Addressed to:</p> <p>Directv Linda Burakoff 2230 E. Imperial Hwy. El Segundo, CA 90245</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 <u>Return Receipt</u></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input 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>2. Article Number (Transfer from service label)</p>	<p><u>7006 3450 0000 3100 6816</u></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540