

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

September 9, 2008

Via Certified Mail Return Receipt Requested

Sudden Link Communications  
Attn: Charles Hembree  
4950 Westgrove Ste 105  
Dallas, TX 75248

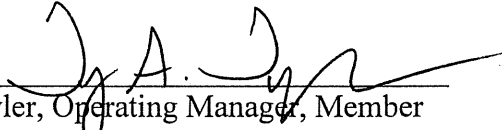
Re: Facility ID No. 7748  
KTUZ-TV, Shawnee, Oklahoma  
Election of Mandatory Carriage

Dear Sir/Madam:

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, pursuant to the regulations of the Federal Communications Commission's rules for the following Head-End locations listed on Exhibit A of this letter, located in the Oklahoma City DMA. See 47 C.F.R. § 76.64(f). Following the DTV transition on February 17, 2009, KTUZ will broadcast only on Channel 30.

Please direct any questions regarding this election to the undersigned.

Sincerely,

  
\_\_\_\_\_  
Ty Tyler, Operating Manager, Member  
Oklahoma Land Company, L.L.C.

## EXHIBIT A

<u>City</u>	<u>Head-End ID</u>
Alva	OK35440
Anadarko	OK35499
Bessie	OK355588
Blackwell	OK35501
Chickasha	OK35491
Crescent	OK35581
Enid	OK35443
Fairview	OK35462
Lindsay	OK35514
Pauls Valley	OK35460
Perry	OK35515
Purcell	OK35497
Rush Springs	OK35648
Seminole	OK35489
Stillwater	OK35452
Union City	OK57628
Wanette	OK57250
Waukomis	OK35649
Weatherford	OK35449

**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 Comm.  
4950 Westgrove  
Suite 105  
Dallas, TX 75248

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

☒ Signature of Agent ☐ Signature of Addressee

B. Received by (Printed Name) C. Date of Delivery  
Kim Winchester 9.12.88

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.

Return Receipt

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

**2. Article Number**  
(Transfer from service label)

7006 3450 0000 3100 6885

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540