

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

Vi-Tel Inc
223 Broadway
PO Box 789
Davenport, OK 74026

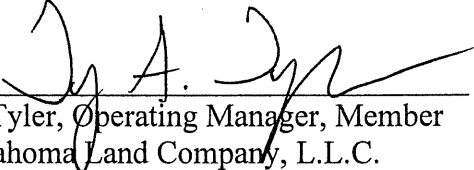
Re: Facility ID No. 7748
KTUZ-TV, Shawnee, Oklahoma
Election of Mandatory Carriage

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>
Davenport	OK35644

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:

Vi-Tel, Inc.
223 Broadwater
Davenport, IA
74024

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Phillip Duncan</i>		<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name) <i>Phillip Duncan</i>	C. Date of Delivery <i>4.11.08</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>80 Box 789</i>		

3. Service Type		Return Receipt
<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.	

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7006 3450 0000 3100 6908

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540