



Sept 17, 2014

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Barbourville Utility Commission  
Mr. Josh Callihan  
P.O. Box 1600  
Barbourville, KY 40906

**Re: 2015-2017 Three-Year Election for Mandatory Carriage ("Must Carry") and  
Channel Position**

Dear Sir or Madam:

In accordance with Section 76.64 of the Rules of the Federal Communications Commission ("FCC"), this is to notify you that Station WKNX, Knoxville, TN (the "Station") elects to require Barbourville Utility Commission, which serves the community(ies) and/or county(ies) and unincorporated areas within those community(ies) and county(ies) listed on the enclosed election statement, to carry the Station, effective January 1, 2015, through December 31, 2017, pursuant to the FCC's "must carry" rules and, pursuant to Section 76.57 of the FCC's Rules, to carry the Station on Channel 7.

A copy of the Station's 2015-2017 Must Carry and Channel Position Election Statement is enclosed.

Sincerely,

Enclosure

cc: Public File

  
\_\_\_\_\_  
Gerald Walsh, Vice President

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**Corporate Office**

220 Sakers Creek Rd. Hampton, VA 23661  
p 757.722.9736 f 757.726.0196

Lockwood Broadcast Group  
www.lockwoodbroadcast.com

**Broadcast Operations**

3914 Wistar Road Richmond, VA 23228  
p 804.672.6565 f 804.672.6571

2015-2017 CABLE MUST CARRY AND CHANNEL POSITION ELECTION STATEMENT  
FOR STATION WKNX

This statement constitutes the election for the three-year period beginning January 1, 2015, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by WMAK TV, LLC licensee of Station WKNX, Knoxville, TN (the "Station"), to require Barbourville Utility Commission, whose cable television system(s) serve the community(ies) and county(ies) and unincorporated areas within those community(ies) and county(ies) listed below to carry the station pursuant to the FCC's "must carry" rules and, pursuant to Section 76.57 of the FCC's Rules, to carry the Station on Channel 7:

Bourbourville, KY

This election is effective for the period beginning January 1, 2015, and terminating December 31, 2017.

This will certify that this Statement will be placed in the Station's public file no later than October 1, 2014, and was mailed by certified U.S. mail, return receipt requested, on September 17, 2014 to the following cable system(s):

Barbourville Utility Commission  
Mr. Josh Callihan  
P.O. Box 1600  
Barbourville, KY 40906

Station: WKNX

Date: September 17, 2014

By:

  
Gerald Walsh, Vice President

7013 2630 0001 0736 5202

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT** *W KNY*  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

BARBOURVILLE KY 40906

Postage	\$	\$0.49	0095
Certified Fee		\$3.30	09
Return Receipt Fee (Endorsement Required)		\$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.49	09/18/2014

Sent To  
 Barbourville Utility Commission  
 Street, Apt. No.,  
 or PO Box No. PO Box 1600  
 City, State, ZIP+4  
 Barbourville, KY 40906  
 PS Form 3800, August 2006 See Reverse for Instructions

**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:

**Barbourville Utility Commission**  
 Mr. Josh Callihan  
 P.O. Box 1600  
 Barbourville, KY 40906

2. Article Number

(Transfer from service label)

7013 2630 0001 0736 5202

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Josh Callihan* ☐ Agent  
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 9-22-14

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

Domestic Return Receipt

102595-02-M-15