



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

Mary Halladay  
MANAGER  
CAROLINE ACRES MHP  
P.O. Box 40  
Henderson, MD 21640

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE**("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **CAROLINE ACRES MHP, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

For purposes of clarification, this election letter does not authorize your cable system(s) or other video distribution system(s) to retransmit the signal of the Station in any manner.

If we have not already done so, CBS will contact you to begin negotiating an arrangement whereby you can provide the Station's signal to your customers. In the meantime, if you have any questions, please contact Samira Sharif at [samira.sharif@cbs.com](mailto:samira.sharif@cbs.com) or Mike Correia at [mike.correia@cbs.com](mailto:mike.correia@cbs.com).



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay Newman', written over the typed name and title.

Jay Newman  
General Manager

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.  
Station Public File

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: MARY WALLADAY

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailer)  
JAY NEWMAN  
Street, Apt. No., or PO Box No. 3725 MALDEN AVE  
City, State, Zip+4 BALTO. MD 21211

PS Form 3800, July 1999 See Reverse for Instructions

**CERTIFIED MAIL**  
PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: MARY WALLADAY

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailer)  
JAY NEWMAN  
Street, Apt. No., or PO Box No. 3725 MALDEN AVE  
City, State, Zip+4 BALTO. MD 21211

PS Form 3800, July 1999 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:  
MARY WALLADAY  
MADAGEL  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640

2. Article Number (Transfer from service label) 7099 3400 0011 3124 1058

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

**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:  
MARY WALLADAY  
MADAGEL  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee

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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Address

B. Received by (Printed Name) C. Date of Delivery  
Frances August 71

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

Article Number (Transfer from service label) 7099 3400 0011 3124 1058

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Mary Halladay  
Manager  
Caroline Acres MHP  
P.O. Box 40  
Henderson, Md. 21640

**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:

MARY WALLADAP  
MADAGEL  
CAROLINE ACRES MNP  
P.O. BOX 40  
HENDERSON, ND 58640

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Frances August ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Frances August C. Date of Delivery Aug 8 7/7/14
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label) 7099 3400 0011 3124 1058

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

General Manager  
THE VILLAGE @ MARLEY STATION-ADS  
7807 Winborne Dr  
Glen Burnie, MD 21060

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE**("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **THE VILLAGES @ MARLEY STATION, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

For purposes of clarification, this election letter does not authorize your cable system(s) or other video distribution system(s) to retransmit the signal of the Station in any manner.

If we have not already done so, CBS will contact you to begin negotiating an arrangement whereby you can provide the Station's signal to your customers. In the meantime, if you have any questions, please contact Samira Sharif at [samira.sharif@cbs.com](mailto:samira.sharif@cbs.com) or Mike Correia at [mike.correia@cbs.com](mailto:mike.correia@cbs.com).



**JAY B. NEWMAN**  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



**Jay Newman**  
**General Manager**

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.  
Station Public File

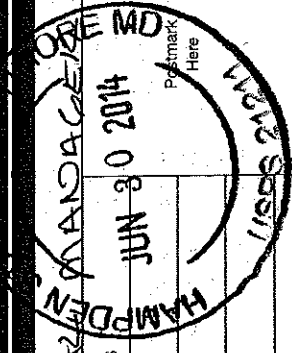
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent to: GENERAL MANAGER

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailer)  
JAY NEWMAN  
Street, Apt. No., or PO Box No.  
3725 MALDEN AVE  
City, State, ZIP+4  
BALTO. MD. 21211

PS Form 3800, July 1999 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



9277 427E 1100 004E 6602  
9277 427E 1100 004E 6602

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent to: GENERAL MANAGER

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailer)  
JAY NEWMAN  
Street, Apt. No., or PO Box No.  
3725 MALDEN AVE  
City, State, ZIP+4  
BALTO. MD. 21211

PS Form 3800, July 1999 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:

GENERAL MANAGER  
THE VILLAGES @  
MARLEY STATION-ADS  
7807 WINBORNE DR  
GLEN BURNIE, MD  
21060

2. Article Number

(Transfer from service label)

7099 3400 0011 3124 1126

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- 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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

General Manager  
The Village @ Marley Station-ADS  
7807 Winborne Dr  
Glen Burnie, Md 21060

**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:

GENERAL MANAGER  
THE VILLAGES @  
MARLEY STATION-ADS  
7807 WINBORNE DR  
GLEN BURNIE, MD  
21060

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*

B. Received by (Printed Name) ☐ Agent  
☐ Addressee

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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 3124 1126

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835





JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

Michael Lanbdi  
NETWORK DIRECTOR  
TOWSON STATE UNIVERSITY CABLE-ADS  
8000 York Rd  
Baltimore, MD 21252

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE**("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **BALTIMORE, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

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**JAY B. NEWMAN**  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jay Newman', written over the printed name and title.

**Jay Newman**  
**General Manager**

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.  
Station Public File

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

Article Sent To: **MICHAEL LANDBI**

Postage \$ **11.55**

Certified Fee \$ **11.55**

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **11.55**

Name (Please Print Clearly) (to be completed by mailer)  
**JAY NEWMAN**

Street, Apt. No., or PO Box No.  
**3725 MALDEN AVE**

City, State, ZIP+4  
**BALTO. MD 21211**

PS Form 3800, July 1999 See Reverse for Instructions

**CERTIFIED MAIL**  
 FOLD AT DOTTED LINE  
 TO THE RIGHT OF RETURN ADDRESS  
 PLACE STICKER AT TOP OF ENVELOPE

Article Sent To: **MICHAEL LANDBI**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailer)  
**JAY NEWMAN**

Street, Apt. No., or PO Box No.  
**3725 MALDEN AVE**

City, State, ZIP+4  
**BALTO. MD 21211**

PS Form 3800, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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- 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:  
**MICHAEL LANDBI**  
**NETWORK DIRECTOR**  
**TOWSON STATE UNIVERSITY**  
**CABLE-ADS**  
**8000 YORK RD**  
**BALTO. MD. 21252**

2. Article Number  
 (Transfer from service label) **7099 3400 0011 3124 1034**

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent

B. Received by (Printed Name) ☐ Addressee

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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Michael Landbi, Network Director  
 Towson State University Cable - ADS  
 8000 York Rd.  
 Baltimore, Md. 21252

**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:

MICHAEL LANDBI  
NETWORK DIRECTOR  
TOWSON STATE UNIVERSITY  
CABLE-ANS  
8000 YORK RD  
BALTO. MD. 21252

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

D. Is delivery address correct? ☒ Yes ☐ No  
If YES, enter delivery address below:

JUL 01 2014

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 3124 1034

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

Douglas Gwynn  
DIRECTOR  
MORGAN STATE UNIVERSITY-ADS  
1700 East Cold Spring Lane  
Baltimore, MD 21251

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE** ("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **MORGAN STATE UNIVERSITY, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

For purposes of clarification, this election letter does not authorize your cable system(s) or other video distribution system(s) to retransmit the signal of the Station in any manner.

If we have not already done so, CBS will contact you to begin negotiating an arrangement whereby you can provide the Station's signal to your customers. In the meantime, if you have any questions, please contact Samira Sharif at [samira.sharif@cbs.com](mailto:samira.sharif@cbs.com) or Mike Correia at [mike.correia@cbs.com](mailto:mike.correia@cbs.com).

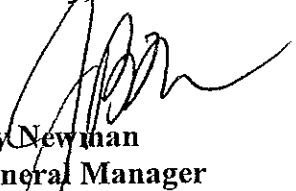


**JAY B. NEWMAN**  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



**Jay Newman**  
**General Manager**

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.  
Station Public File

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

Article Sent To: **DOUGLAS GWYNN**

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here  
JUN 30 2014  
BALTO MD

Name (Please Print Clearly) (to be completed by mailer)  
**JAY NEWMAN**  
Street, Apt. No., or PO Box No.  
**3725 MALDEN AVE**  
City, State, ZIP+4  
**BALTO. MD. 21211**

PS Form 3800, July 1999 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE  
**CERTIFIED MAIL**

Article Sent To: **DOUGLAS GWYNN**

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)  
**JAY NEWMAN**  
Street, Apt. No., or PO Box No.  
**3725 MALDEN AVE**  
City, State, ZIP+4  
**BALTO. MD. 21211**

PS Form 3800, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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- 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:

**DOUGLAS GWYNN**  
**DIRECTOR**  
**MORGAN STATE UNIVERSITY**  
**-ADS**  
**1700 EAST COLD SPRING LN**  
**BALTO. MD. 21251**

2. Article Number

(Transfer from service label) **7099 3400 0011 3124 1003**

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ Agent  
☐ Addressee

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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Douglas Gwynn  
Director  
Morgan State University - ADS  
Morgan State University  
1700 East Cold Spring Lane  
Baltimore, Md. 21251

**SENDER: COMPLETE**

- 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:

DOUGLAS GWYNN  
DIRECTOR

MORGAN STATE UNIVERSITY  
-ADS

1700 EAST COLD SPRING RD  
BALTO. MD. 21201

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**DELIVERY**

A. Signature <i>Douglas Gwynn</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Douglas Gwynn</i>	C. Date of Delivery <i>7/1/84</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Service Type

<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)

7099 3400 0011 3124 1003

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835





JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

Geri Glass  
MANAGER  
PICKERSTILL RETIREMENT COMMUNITY  
615 Chestnut Ave  
Towson, MD 21204

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE**("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **PICKERSTILL RETIREMENT COMMUNITY, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

For purposes of clarification, this election letter does not authorize your cable system(s) or other video distribution system(s) to retransmit the signal of the Station in any manner.

If we have not already done so, CBS will contact you to begin negotiating an arrangement whereby you can provide the Station's signal to your customers. In the meantime, if you have any questions, please contact Samira Sharif at [samira.sharif@cbs.com](mailto:samira.sharif@cbs.com) or Mike Correia at [mike.correia@cbs.com](mailto:mike.correia@cbs.com).



**JAY B. NEWMAN**  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,

A handwritten signature in black ink, appearing to read 'J.B. Newman', written over the printed name and title.

**Jay Newman**  
**General Manager**

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.  
Station Public File

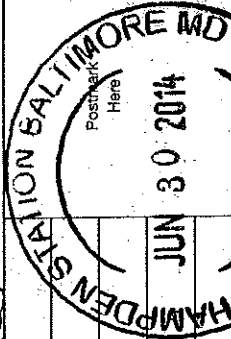
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To: GERI GLASS

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

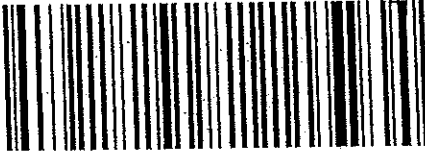
Name (Please Print Clearly) (to be completed by mailer)  
RAY NEWMAN  
 Street, Apt. No. or PO Box No. 3705 MALDEN AVE  
 City, State, ZIP+4 BALTO. MD 21211

PS Form 3800, July 1999 See Reverse for Instructions



2017 427E 1100 004E 6602

**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE  
 TO THE RIGHT OF RETURN ADDRESS.  
 FOLD AT DOTTED LINE



**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To: GERI GLASS

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Name (Please Print Clearly) (to be completed by mailer)  
RAY NEWMAN  
 Street, Apt. No. or PO Box No. 3705 MALDEN AVE  
 City, State, ZIP+4 BALTO. MD 21211

PS Form 3800, July 1999 See Reverse for Instructions

2017 427E 1100 004E 6602

**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:

GERI GLASS  
MANAGER  
PICKERSGILL RETIREMENT  
COMMUNITY  
615 CHESTNUT AVE  
TOWSON, MD 21204

2. Article Number  
 (Transfer from service label)

7099 3400 0011 3124 1102

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ X

☐ Agent

☐ Addressee

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 ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Gerri Glass  
 Manager  
 Pickersgill Retirement Community  
 615 Chestnut Ave.  
 Towson, 21204

# 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:

CERI GLASS  
MANAGER  
PICKERS GILL RETIREMENT  
COMMUNITY  
615 CHESTNUT AVE  
TOWSON, MD 21204

# COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 C. Seneff 7-1-94  
 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

2. Article Number

(Transfer from service label)

7099 3400 0011 3124 1102

PS Form 3811 August 2001

Domestic Return Receipt

102595-02-M-0835



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

David Ferguson  
VP  
NTC COMMUNICATIONS-ADS  
106 South Main St  
Edinburg, VA 22824

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE**("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **West Village, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

For purposes of clarification, this election letter does not authorize your cable system(s) or other video distribution system(s) to retransmit the signal of the Station in any manner.

If we have not already done so, CBS will contact you to begin negotiating an arrangement whereby you can provide the Station's signal to your customers. In the meantime, if you have any questions, please contact Samira Sharif at [samira.sharif@cbs.com](mailto:samira.sharif@cbs.com) or Mike Correia at [mike.correia@cbs.com](mailto:mike.correia@cbs.com).



**JAY B. NEWMAN**  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay Newman', written over the printed name and title.

**Jay Newman**  
**General Manager**

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.  
Station Public File

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

Article Sent To:

DAVID FERGUSON  
 Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$  
 Name (Please Print Clearly) (to be completed by mailer)  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800, July 1999

7099 4000 1100 2244 6602

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.  
 FOLD AT DOTTED LINE  
**CERTIFIED MAIL**



9601 427E 1100 004E 6602  
 9601 427E 1100 004E 6602

**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

DAVID FERGUSON  
 Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$  
 Name (Please Print Clearly) (to be completed by mailer)  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800, July 1999

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:

DAVID FERGUSON  
 VP  
 NTC COMMUNICATIONS-ADS  
 WEST VILLAGE  
 106 SOUTH MAIN ST.  
 EDINBURG, VA 22824

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

7099 3400 0011 3124 1096

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

David Ferguson  
 VP  
 NTC Communications-ADS  
 West Village  
 106 South Main St  
 Edinburg, VA 22824

**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:

DAVID FERGUSON  
VP

NTC COMMUNICATIONS-ADS  
WEST VILLAGE  
106 SOUTHMAID ST.  
EDINBURG, VA 22824

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature xy Mac Jackson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mac Jackson C. Date of Delivery 7/2/14

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 3124 1096

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835





JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

**Via Certified Mail, Return Receipt Requested**

David Ferguson  
VICE PRESIDENT  
APOGEE-ADS  
106 South Main St  
Edinburg, VA 22824

June 30, 2014

Re: **WJZ-TV BALTIMORE--**  
**Retransmission Consent Election**

Ladies and Gentlemen:

Pursuant to Section 325 of the Communications Act of 1934, as amended and Section 76.64 of the FCC rules, this is to notify you that **WJZ-TV, BALTIMORE** ("Station"), assigned to the BALTIMORE market ("DMA"), elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **MILLENNIUM HALLS, MD** and any other cable systems that you own, operate, or control that serve communities in the DMA for the 2015-2017 election period.

This will not affect the continued carriage of Station's signals by your systems as to any part of the relevant period for which an existing retransmission agreement is already in effect. If no agreement is in effect beyond December 31, 2014, then it will be necessary for your system to obtain our express, prior, and written consent in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2015 (or, if earlier, after the expiration date of any existing agreement).

For purposes of clarification, this election letter does not authorize your cable system(s) or other video distribution system(s) to retransmit the signal of the Station in any manner.

If we have not already done so, CBS will contact you to begin negotiating an arrangement whereby you can provide the Station's signal to your customers. In the meantime, if you have any questions, please contact Samira Sharif at [samira.sharif@cbs.com](mailto:samira.sharif@cbs.com) or Mike Correia at [mike.correia@cbs.com](mailto:mike.correia@cbs.com).

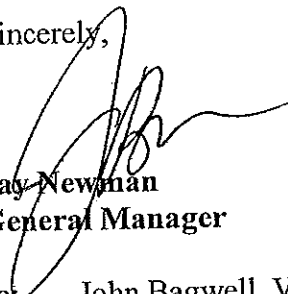


**JAY B. NEWMAN**  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

We look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jay Newman', written over the printed name and title.

**Jay Newman**  
**General Manager**

cc: John Bagwell, VP, Associate General Counsel, CBS Corporation.

Station Public File

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 3123 0410  
7099 3400 0011 3123 0410

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
**DAVID FERGUSON**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (to be completed by mailer)  
**DAVID NEWMAN**  
Street, Apt. No., or PO Box No.  
**3725 MALDEN AVE**  
City, State, ZIP+4  
**BALTIMORE, MD 21211**

PS Form 3800, July 1999 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:  
**DAVID FERGUSON**  
**VICE PRESIDENT**  
**ABOGEE-ADS**  
**MILLENNIUM HALL**  
**106 SOUTH MAIN ST**  
**EDINBURG, VA 22824**

2. Article Number  
(Transfer from service label) **7099 3400 0011 3123 0410**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent ☐ Addressee

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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

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

Article Sent To:  
**DAVID FERGUSON**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (to be completed by mailer)  
**DAVID NEWMAN**  
Street, Apt. No., or PO Box No.  
**3725 MALDEN AVE**  
City, State, ZIP+4  
**BALTIMORE, MD 21211**

PS Form 3800, July 1999 See Reverse for Instructions

David Ferguson  
Vice President  
ABOGEE-ADS  
Millennium Halls  
106 South Main Street  
Edinburg, VA 22824

**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:**

DAVID FERGUSON  
VICE PRESIDENT  
AROGEE-ADS  
MILLENNIUM Hall  
106 SOUTH MAIN ST  
EDINBURG, VA 22824

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>Mr. Jackson</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Mr. Jackson</i>	C. Date of Delivery <i>7/2/14</i>	
D. Is delivery address different from item 1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If YES, enter delivery address below:

3. Service Type	
<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)	
<input type="checkbox"/> Yes	

**2. Article Number**

(Transfer from service label) 7099 3400 0011 3123 0410

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540