

CABLE ELECTION NOTICE

CALL LETTERS	COMMUNITY OF LICENSE	DMA TO WHICH NIELSEN MEDIA RESEARCH ASSIGNED STATION IN 2015-16 NSI
WGGB	SPRINGFIELD-HOLYOKE	SPRINGFIELD-HOLYOKE
DTV CHANNEL (OVER THE AIR)	PRIMARY CHANNEL (VIRTUAL CHANNEL, E.G., 15.1)	LICENSEE NAME
40	40.1	MEREDITH CORPORATION

This Cable Election Notice is sent this 11th day of September 2017 via Certified Mail/Return Receipt Requested (Receipt Number 70171450000047432830) to the following:

Operator: Mount Marie Senior Citizen Residence
Address: 32 Lower Westfield Rd.
Holyoke, MA 01040

With respect to all communities within the Station's "television market" (as defined in 47 C.F.R. § 76.55(e)) served by cable systems owned or managed by your company (including those listed in EXHIBIT A hereto) between January 1, 2018, and December 31, 2020, the Licensee elects the following status for the primary video stream of the Station's digital signal (licensee to check one box below):

☒ retransmission consent.

☐ mandatory carriage ("must-carry") on the following: (check one):

- ☐ The Station's PSIP major channel number ("virtual channel").
- ☐ The cable channel on which the Station was carried on July 19, 1985.
- ☐ The cable channel on which the Station was carried on January 1, 1992.

Further, we hereby notify you of our election not to renew, extend, or roll-over the term of any retransmission consent agreement that may be in place between our companies at this time. For further information or to request consent to the retransmission of any program stream to which a "must-carry" election does not apply, please contact:

Email: BroadcastDistribution@meredith.com

The Licensee provides this Election Notice pursuant to 47 C.F.R. Section 76.64.

Signature:
Name/Title:



Joshua Pila, General Counsel LMG

CABLE ELECTION NOTICE

Exhibit A

Mount Marie Senior Citizen Residence

CALL LETTERS	COMMUNITY OF LICENSE	LICENSEE
WGGB	Springfield-Holyoke	Meredith Corporation

Communities in the Station's television market that are covered by the Cable Election Notice to which this Exhibit A is attached:

All communities in which Operator operates in the Springfield-Holyoke DMA.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

MOUNT MARIE SR CITIZEN RESIDENCE
32 Lower Westfield Rd
Holyoke, MA 01040



9590 9402 3289 7196 4915 31

2. Article Number (Transfer from service label)

7017 1450 0000 4743 2830

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(0)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt