A9. No. of station(s) listed

1

A10. Name of Transferor/ Assignor

Name:	Phone Number:
Company:	Fax Number:
Street:	E-Mail:
City:	State:
Country:	Zipcode: -
Attention:	Relationship:

A15. Name of Transferee/ Assignee

Name:	Phone Number:
DBA Name:	Fax Number:
Street:	E-Mail:
City:	State:
Country:	Zipcode: -
Attention:	

A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other
If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully a
completely identifies the nature and extent of control including: (1) the name, address, citizenship, and prin
busienss of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, address
citizenshihp, and the percentages of voting and equity stock of those stockholders holding 10 percent or m
controlling corporation's voting stock.

(●) Yes
( ) No
( ) N/A

A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which s
how the assignment or transfer will serve the public interest.

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinenet to Schedule A and all statement made of this application are true, compete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any c other instruments submitted herewith are complete and constitute the full agreement.
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersig acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1) WAVE License Subsidiary, LLC	A24. Title (Office Held by Person Signing) Rebecca S. Bryan (VP, General Counsel & Secretary)
A26. Printed Name of License Transferor / Assignor (Must agree with A10) Raycom TV Broadcasting, Inc.	A28. Title (Office Held by Person Signing) Rebecca S. Bryan (VP, General Counsel & Secretary)
A26. Printed Name of License Transferee / Assignee (Must agree with A15) TV Stations Holdings LLC	A28. Title (Office Held by Person Signing) Rebecca S. Bryan (VP, General Counsel & Secretary)

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