

Triad Broadcasting Company, Inc.
401(k) Profit Sharing Plan
Investment Authorization Form

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATE: _____ SOCIAL SECURITY#: _____

INVESTMENT SELECTION

- | | | |
|-----|---|---------|
| 1. | Washington Mutual Investors Fund-A | _____ % |
| 2. | The Investment Company of America-A | _____ % |
| 3. | The Growth Fund of America-A | _____ % |
| 4. | The Income Fund of America-A | _____ % |
| 5. | New Perspective Fund-A | _____ % |
| 6. | The Bond Fund of America-A | _____ % |
| 7. | American Balanced Fund-A | _____ % |
| 8. | Capital Income Builder-A | _____ % |
| 9. | The New Economy Fund-A | _____ % |
| 10. | EuroPacific Growth Fund-A | _____ % |
| 11. | American High-Income Trust-A | _____ % |
| 12. | Capital World Growth and Income Fund-A | _____ % |
| 13. | SMALLCAP World Fund-A | _____ % |
| 14. | Money Market Fund-A | _____ % |
| 15. | Fundamental Investors Fund – A | _____ % |
| 16. | Target Date Retirement Series (<i>Please cont. on page 2</i>) | _____ % |

TOTAL % (Must Total 100%) **100** %

Signature _____

Date _____

NAME: _____ SOCIAL SECURITY # _____

If Target Date Retirement Series was elected, please allocate below:

- 2010 Target Date _____ %
- 2015 Target Date _____ %
- 2020 Target Date _____ %
- 2025 Target Date _____ %
- 2030 Target Date _____ %
- 2035 Target Date _____ %
- 2040 Target Date _____ %
- 2045 Target Date _____ %
- 2050 Target Date _____ %
- 2055 Target Date: _____ %

SIGNATURE _____

DATE _____