

Applicant Information

(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

 File Number:
 0000005732
 Submit Date:
 11/12/2015
 Call Sign:
 WIWN
 Facility ID:
 60571
 FRN:
 0001712819
 State:

 Wisconsin
 City:
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 Service: DTV
 Purpose: Annual Ancillary/Supplemental Service Report
 Status: Received
 Status Date: 11/12/2015

 Filing Status: Active
 Status: Active
 Status Date: 11/12/2015

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MILWAUKEE MEDIA LLC Doing Business As: MILWAUKEE MEDIA LLC	15233 LA CRUZ DRIVE PACIFIC PALISADES, CA 90272 United States	+1 (310) 573- 1600	KKIRBY@WILEYREIN. COM	Limited Liability Company

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	Kathleen A Kirby , Esq . <i>FCC Counsel</i> Wiley Rein LLP	Kathleen A. Kirby 1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wileyrein.com	Legal Representative

Ancillary /Supplementary Services

General Cortification Statements The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the previous use of the same, whether by authorization or onterwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.). The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefite pursuent to §5301 of the Anti-Dirug Abuse Act of 1998, 21 U.S.C. §382, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to application §1.2002 (c). The Applicant confide that neither the Application §1.2002 (c). The Applicant confide that an entities application application, and are true, complete, Correct, and made in application and are true, complete, correct, and made in application and are true, complete, correct, and made in application and are true, complete, correct, and made in subjective for application or overage requirements. Failure for methy the application or determinent has application or avaint of this application. This Application or overage requirements. Failure for methy for Corregit register on determine the construction or coverage requirements. Failure for methy for Corregit register on determine the construction or coverage requirements. Failure for the Application. This Application. Will result in automatic cancellation of the Authorization. OR MINENSONMENT U.S. Code, Title 4,5, 9010, JANDOR REVOCATION OF ANY STATION AUTHORZATION (U.S. Code, Title 47, 5912(0)(1), ANDOR FORFEITURE (U.S. Code, Title 47, 5912(0)(1), ANDOR	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to \$5301 of the Anth-Drug Abuse Act of 1988, 21 U.S. (\$962, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR, \$1e, \$1, 2002(c) (of the rules, 47 CFR, \$1e, \$2002(c), for the definition of "party to the application" as used in this cartification \$1, 2002 Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY RESULT IN application, and are true, complete, correct, and made in good faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID. Upon grant of this application, the Authorization Holder may be subject to ectain construction or coverage requirements. Failure to nee the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation of this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY TATCH-MENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 47, \$212(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, \$213(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, \$2503). I certify that this application includes all required and relevant attachments. Yes			frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDDismissal of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).YesI certify that this application includes all required and relevant attachments.Yes			other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in	
relevant attachments. I declare, under penalty of perjury, that I am an authorized TERANCE CROSBY		Authorized Party to Sign	DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S.	
				Yes
Authorization(s) specified above. 11/12/2015			representative of the above-named applicant for the	CEO

Information not provided.

Attachments