



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **71080** | Service: **DCA** | Call **KOXO-CD** | Channel: **15 (UHF)** |  
ID:  
File **0000027276**  
Number:  
FRN: **0020497590** | Date **07/10**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant                                                   | Address                                                                       | Phone                | Email                 | Applicant Type |
|-------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------|-----------------------|----------------|
| <b>WATCHTV, INC.</b><br>Doing Business As:<br>WATCHTV, INC. | Greg Herman<br>855 HARBOR<br>COURT<br>SOUTHLAKE,<br>TX 76092<br>United States | +1 (503)<br>819-0500 | WATCHTVINC@ME.<br>COM | Corporation    |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

| Applicant      | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] |         |       |       |

## Preparer Contact Information

### Preparer Contact Name and Information

| Applicant                                                             | Address                                                                          | Phone             | Email              |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Jess M Ortega</b><br><i>Chief Engineer</i><br><i>WatchTV, Inc.</i> | Jess M Ortega<br>60891 Robinette Road<br>Saint Helens, OR 97051<br>United States | +1 (503) 577-9274 | jess@oregonbes.com |

**Broadcaster  
Information  
and  
Transition  
Plan**

| Question                                                                                                                                                                                                                                                                                                                                                     | Response                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | Yes                                                                                                                         |
| Briefly describe transition plan                                                                                                                                                                                                                                                                                                                             | KOXO-CD will share a multi-channel combiner, transmission line and broadband antenna with the four other facilities listed. |

**Transmitters**

| Section                      | Question                                  | Response |
|------------------------------|-------------------------------------------|----------|
| Transmitter Related Expenses | Do you have transmitter related expenses? | Yes      |

**Primary  
Transmitter**

**Existing Transmitter Information**

| Section                                               | Question                                                   | Response          |
|-------------------------------------------------------|------------------------------------------------------------|-------------------|
| <b>Existing Transmitter<br/>Description</b>           | Type of change                                             | Purchase<br>New   |
|                                                       | Use                                                        | Primary<br>(Main) |
|                                                       | Description of Use                                         | N/A               |
|                                                       | Ownership                                                  | Owned             |
|                                                       | Owner                                                      | N/A               |
|                                                       | Site                                                       | N/A               |
|                                                       | Is this transmitter currently shared with another station? | No                |
|                                                       | Is this transmitter currently in operating condition?      | Yes               |
| <b>Existing Transmitter<br/>Manufacturer and Type</b> | Manufacturer                                               |                   |
|                                                       | Model                                                      | TRN-5X U-36D-C    |
|                                                       | Year                                                       | 2016              |
|                                                       | Type                                                       | Solid State       |
|                                                       | Solid State Cooling                                        | Air Cooled        |
|                                                       | Solid State Power Capacity                                 | 1.6 kW            |

**Primary  
Transmitter**

**New Transmitter Costs**

| Section         | Question                                  | Response                                     |
|-----------------|-------------------------------------------|----------------------------------------------|
| New Transmitter | Use                                       | Primary (Main)                               |
|                 | Change Type                               | Purchase New                                 |
|                 | Is this a request for upgraded equipment? | No                                           |
|                 | Manufacturer                              |                                              |
|                 | Model                                     | UAXTE-4R37                                   |
|                 | Transmitter Type                          | Solid State                                  |
|                 | Solid State Cooling                       | Air Cooled                                   |
|                 | Solid State Power capacity                | 2.4 kW                                       |
|                 | Justification for New Transmitter         | Existing transmitter not broadband / tunable |

**Primary  
Transmitter**

**Other Transmitter Costs**

| Section            | Question                              | Response  |
|--------------------|---------------------------------------|-----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No        |
|                    | Switchgear (industrial 800 amp)       | No        |
|                    | Transformer (480V)                    | No        |
|                    | Power                                 | N/A       |
|                    | Rigid Conduit and Wiring              | Yes       |
|                    | Size                                  | 1 inches  |
|                    | Length                                | 50.0 feet |
|                    | Other Electrical Service              | No        |
|                    | Description                           | N/A       |

|                                                                            |                                                                                               |              |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------|
| <b>HVAC Service</b>                                                        | Does the replacement transmitter require HVAC Service?                                        | Yes          |
|                                                                            | Type                                                                                          | Cooling Only |
|                                                                            | Size                                                                                          | 5 tons       |
|                                                                            | Other Size                                                                                    | N/A          |
| <b>Transmitter Building Addition/Modification or Leasehold Improvement</b> | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No           |
|                                                                            | Size                                                                                          | N/A          |
| <b>Channel 14 Costs</b>                                                    | Is an RF Consulting Engineer needed?                                                          | N/A          |
|                                                                            | Is a channel 14 Mask Filer needed?                                                            | N/A          |
|                                                                            | Is additional field engineering time needed?                                                  | N/A          |
|                                                                            | Number of Days                                                                                | N/A          |

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

| Name                    | Description                                                                         |
|-------------------------|-------------------------------------------------------------------------------------|
| <b>Combiner Section</b> | 20% of total cost of shared combiner system. Total cost of combiner is \$ 79,000.00 |

**Antennas**

| Section                  | Question                              | Response |
|--------------------------|---------------------------------------|----------|
| Antenna Related Expenses | Do you have antenna related expenses? | No       |

**Transmission Line**

| Section                            | Question                                        | Response |
|------------------------------------|-------------------------------------------------|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No       |

**Tower Equipment And Rigging Costs**

| Section                                  | Question                                              | Response |
|------------------------------------------|-------------------------------------------------------|----------|
| Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | No       |

**Outside Professional Services Costs**

| Section                                    | Question                                                                     | Response                                                                                                            |
|--------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Outside Project Management Services        | Do you require outside project management services?                          | Yes                                                                                                                 |
|                                            | Number of Hours                                                              | 40                                                                                                                  |
|                                            | Explanation                                                                  | Removal of old transmitter, installation and testing of new transmitter, installation of new combiner port/section. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | No                                                                                                                  |
|                                            | Prepare engineering section of Form FCC Construction Permit Application      | Yes                                                                                                                 |
|                                            | For Auxiliary Facility                                                       | No                                                                                                                  |
|                                            | For Main Facility                                                            | Yes                                                                                                                 |
|                                            |                                                                              |                                                                                                                     |

|                                                               |                                                                      |     |
|---------------------------------------------------------------|----------------------------------------------------------------------|-----|
|                                                               | Prepare engineering section of Form FCC License to Cover Application | Yes |
|                                                               | For Auxiliary Facility                                               | No  |
|                                                               | For Main Facility                                                    | Yes |
|                                                               | Prepare request for Special Temporary Authority                      | No  |
|                                                               | Quantity                                                             | N/A |
|                                                               | Do you have Distributed Transmission System engineering services?    | N/A |
|                                                               | Critical Facility                                                    | N/A |
|                                                               | Terrain-Shielded Facility                                            | N/A |
| <b>Attorney and Other<br/>Outside Consulting<br/>Services</b> | Prepare and file Form FCC Construction Permit Application            | Yes |
|                                                               | For Auxiliary Facility                                               | No  |
|                                                               | For Main Facility                                                    | Yes |
|                                                               | Prepare and file Form FCC License to Cover Application               | Yes |
|                                                               | For Auxiliary Facility                                               | No  |
|                                                               | For Main Facility                                                    | Yes |
|                                                               | Prepare request for Special Temporary Authority                      | No  |
|                                                               | Quantity                                                             | N/A |
|                                                               | NEPA Section 106 environmental review                                | No  |
|                                                               | Environmental Assessment                                             | No  |
|                                                               | ASR Modification                                                     | No  |
|                                                               | FAA Consultation (including preparation of FAA Form 7460)            | No  |
|                                                               | Negotiation of Lease and other Matter for Shared Locations           | No  |
|                                                               | Prepare or Review FCC Form 399 for Reimbursement                     | Yes |
|                                                               |                                                                      |     |

|                                      |                                                                                            |     |
|--------------------------------------|--------------------------------------------------------------------------------------------|-----|
|                                      | Address transition timing and coordination issues w/ other stations and wireless providers | No  |
| <b>RF Field Engineering Services</b> | Comprehensive coverage verification via field study                                        | Yes |
|                                      | RF exposure measurements                                                                   | Yes |
|                                      | Additional Field Engineering Service                                                       | No  |
|                                      | Number of Days                                                                             | N/A |
|                                      | Justification                                                                              | N/A |

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services provided.



## Other Expenses

| Section                             | Question                                                                                                             | Response |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|
| <b>AM Pattern Disturbance</b>       | Is an Impact Study needed?                                                                                           | No       |
|                                     | Is Remediation needed?                                                                                               | No       |
| <b>Facility Expenses</b>            | Name                                                                                                                 | N/A      |
|                                     | Other Distributed Transmission System Expenses Not listed                                                            | N/A      |
|                                     | Name                                                                                                                 | N/A      |
|                                     | Is Notification of a Medical Facility required as a result of DTV broadcasting?                                      | Yes      |
| <b>Permit and Filing Costs</b>      | Local Zoning                                                                                                         | No       |
|                                     | Non-zoning permits                                                                                                   | No       |
|                                     | BLM or NFS Coordination                                                                                              | No       |
|                                     | FCC Construction Permit Minor Change                                                                                 | No       |
|                                     | FCC License to Cover Application                                                                                     | Yes      |
|                                     | FCC Special Temporary Authority Application                                                                          | No       |
| <b>Other Miscellaneous Expenses</b> | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?        | No       |
|                                     | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes      |
|                                     | Does this relocation require Equipment Storage?                                                                      | No       |
|                                     | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?     | Yes      |
|                                     | Does this relocation require MVPD Notification of a Channel Change?                                                  | No       |

|                       |                                  |
|-----------------------|----------------------------------|
| <b>Other Expenses</b> | <b>Other Expenses Not Listed</b> |
|                       | Information not provided.        |

Cost  
Information

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description                                         | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification                                                                             | Actual Cost | Actual Cost Justification |
|-----------------------------------------------------|-----------------------------|----------------|----------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| Primary Transmitter UAXTE-4R37                      | \$162,550.00                | \$87,350.00    |                                                                                                          | \$0.00      |                           |
| Combiner Section                                    | <i>\$15,800.00</i>          | \$15,800.00    | This represents 20% of total cost of combiner. Combiner is shared by 4 other co-located stations listed. | N/A         | N/A                       |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00                | \$51,800.00    | N/A                                                                                                      | N/A         | N/A                       |
| 1" Rigid Conduit and Wiring                         | <i>\$500.00</i>             | \$500.00       | N/A                                                                                                      | \$0.00      | N/A                       |
| 5 Ton system                                        | \$20,250.00                 | \$19,250.00    | N/A                                                                                                      | N/A         | N/A                       |
| Sub-total                                           | \$162,550.00                | \$87,350.00    | N/A                                                                                                      | \$0.00      | N/A                       |
| Total for all systems                               | \$310,995.00                | \$228,925.00   | N/A                                                                                                      | \$0.00      | N/A                       |

Components

Information not provided.

**Cost Information**      **Antennas**  
Information not provided.

**Cost Information**      **Transmission Line**  
Information not provided.

**Cost Information**      **Tower Equipment and Rigging Costs**  
Information not provided.

**Cost Information**      **Outside Professional Services**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description                                                                            | Predetermined Cost Estimate | Estimated Cost      | Estimated Cost Justification | Actual Cost   | Actual Cost Justification |
|----------------------------------------------------------------------------------------|-----------------------------|---------------------|------------------------------|---------------|---------------------------|
| <b>Outside Professional Services</b>                                                   | <b>\$126,560.00</b>         | <b>\$120,250.00</b> |                              | <b>\$0.00</b> |                           |
| Prepare and or review reimbursement form                                               | \$2,630.00                  | \$2,500.00          | N/A                          | N/A           | N/A                       |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00                  | \$5,000.00          | N/A                          | N/A           | N/A                       |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application    | \$2,365.00                  | \$2,250.00          | N/A                          | N/A           | N/A                       |
| Comprehensive coverage verification via field study, if needed                         | \$84,200.00                 | \$80,000.00         | N/A                          | N/A           | N/A                       |

|                                                                                      |              |              |     |        |     |
|--------------------------------------------------------------------------------------|--------------|--------------|-----|--------|-----|
| RF Exposure Measurements                                                             | \$21,050.00  | \$20,000.00  | N/A | N/A    | N/A |
| Project management of the transition                                                 | \$6,320.00   | \$6,000.00   | N/A | N/A    | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00   | \$3,000.00   | N/A | N/A    | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application    | \$1,580.00   | \$1,500.00   | N/A | N/A    | N/A |
| <b>Sub-total</b>                                                                     | \$126,560.00 | \$120,250.00 | N/A | \$0.00 | N/A |
| <b>Total for all systems</b>                                                         | \$310,995.00 | \$228,925.00 | N/A | \$0.00 | N/A |

## Components

Information not provided.

## Cost Information

### Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description                                              | Predetermined Cost Estimate | Estimated Cost      | Estimated Cost Justification | Actual Cost   | Actual Cost Justification |
|----------------------------------------------------------|-----------------------------|---------------------|------------------------------|---------------|---------------------------|
| <b>Other Expenses</b>                                    | <b>\$21,885.00</b>          | <b>\$21,325.00</b>  |                              | <b>\$0.00</b> |                           |
| Develop and air announcement of upcoming channel change  | <i>\$5,000.00</i>           | \$5,000.00          | N/A                          | N/A           | N/A                       |
| Equipment Delivery and Handling Charges                  | <i>\$5,000.00</i>           | \$5,000.00          | N/A                          | N/A           | N/A                       |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00                    | \$325.00            | N/A                          | N/A           | N/A                       |
| DTV Medical Facility Notification                        | \$11,550.00                 | \$11,000.00         | N/A                          | N/A           | N/A                       |
| <b>Sub-total</b>                                         | <b>\$21,885.00</b>          | <b>\$21,325.00</b>  | <b>N/A</b>                   | <b>\$0.00</b> | <b>N/A</b>                |
| <b>Total for all systems</b>                             | <b>\$310,995.00</b>         | <b>\$228,925.00</b> | <b>N/A</b>                   | <b>\$0.00</b> | <b>N/A</b>                |

### Components

Information not provided.

|                         |                              |                                    |                       |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| <b>Cost Information</b> | <b>Grand Total</b>           |                                    |                       |
|                         |                              | <b>Predetermined Cost Estimate</b> | <b>Estimated Cost</b> |
|                         |                              |                                    | <b>Actual Cost</b>    |
|                         | <b>Total for all systems</b> | \$310,995.00                       | \$228,925.00          |
|                         |                              |                                    | \$0.00                |

|                             |                                                                                                                                                                                                                    |                 |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Reimbursement Status</b> | <b>Question</b>                                                                                                                                                                                                    | <b>Response</b> |
|                             | The facility has ceased operating on its pre-auction channel.                                                                                                                                                      | No              |
|                             | Construction of final facilities or all necessary modifications are complete.                                                                                                                                      | No              |
|                             | All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator. | No              |

| Certification | Section                                     | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Response |
|---------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|               | Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>                                                                                                                                                       |          |
|               |                                             | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol> |          |



4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

|                                                                                                                                                                                                                                   |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> |                                                                        |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>                                                                         | <p><b>Gregory J Herman</b><br/> <i>President</i></p> <p>07/10/2017</p> |

| Certification | Section                                            | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Response |
|---------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|               | Submission of Actual Cost Documentation Statements | <p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>                                                         |          |
|               |                                                    | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol> |          |

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> |                                                                       |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>                                                                                                                                                                                                          | <p><b>Gregory J Herman</b><br/><i>President</i></p> <p>07/10/2017</p> |

## Attachments

Information not provided.