



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **12033** | Service: **DTV** | Call **WWAY** | Channel: **24 (UHF)** |  
ID: | Sign:  
File **0000028249**  
Number:  
FRN: **0014489892** | Date **01/25**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WWAY-TV, LLC</b> Doing Business As: WWAY-TV, LLC	Bobby Berry 301 Poplar Street MACON, GA 31201 United States	+1 (478) 745-4141	bberry@morrisnetwork.com	Limited Liability Company

## 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>Ray Luke</b> <i>Project Manager</i> <i>Custom Specialty Services, LLC</i>	Ray Luke 17363 Carlton Cuebas Road Gulfport, MS 39503 United States	+1 (228) 297-2500	ray.css@att.net

**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	WWAY will work with WECT and WSFX-TV to replace the current shared antenna and transmission line with a new antenna and transmission line,. Each station will supply its own transmitter. If needed WWAY will operate with temporary facilities to stay on air

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter****Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (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 Manufacturer and Type</b>	Manufacturer	
	Model	Sigma
	Year	2003
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	32 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	ULXTE-40
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	25.3 kW
	Justification for New Transmitter	Old transmitter not supported and will not re-tune to new channel. While the Form 399 FAQ's instruct to list this as an upgrade, it actually is not, but rather a simple replacement. See attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
---------	----------	----------

<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	150.0 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
psip generator	need to generate psip for new channel
site survey	site survey for electrical drawing and floor plan

**Antennas**

Section	Question	Response
<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	Yes

**Primary  
Antenna****Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	3
	Number of Panels	56
	Design power capacity in use	95.0 %
Lower Limit	400.00 MHz	

Upper Limit	600.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	1000.0 kW
Manufacturer	Andrew
Model	ABBP14H4- HTWC4-30? 54
Year	2003

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
72871	WSFX-TV
48666	WECT

**Primary Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A

**Enter a list of RF channel numbers.**

**RF Channel Number**

29

23

24

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?	No

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
		Number of Hours	1050
		Explanation	station is one of a group of co-owned stations all of which are subject to repack, there is no director of engineering and station has only IT engineer on staff. Co-ordination is needed for the entire group's Transition in different phases of repack
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes	

	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	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting 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	Yes
	Quantity	1
	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	5
	Justification	field testing on combined system

**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Information not 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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	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?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

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
<b>Primary Transmitter ULXTE-40</b>	<b>\$1,085,050.00</b>	<b>\$1,007,750.00</b>		<b>\$0.00</b>	
site survey	<i>\$17,350.00</i>	\$17,350.00	N/A	N/A	N/A
psip generator	<i>\$14,500.00</i>	\$14,500.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$7,800.00	\$7,350.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$875,000.00	N/A	\$0.00	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,085,050.00</b>	<b>\$1,007,750.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

<b>Total for all systems</b>	\$1,555,600.00	\$1,496,985.00	N/A	\$62,389.99	N/A
------------------------------	----------------	----------------	-----	-------------	-----

## Components

Actual Information	
Description	File Name
site survey	Information not provided.
psip generator	Information not provided.
5 Ton system	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<p><b>Component Description:</b> 1/3 Down Payment Due for Transmitter.</p> <p><b>Amount:</b> \$262,599.76</p>
Service entrance 3 phase /800 amp/208 volt	Information not provided.

**Cost Information**

**Antennas**

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>Primary Antenna ABBP14H4-HTWC4-30? 54</b>	<b>\$96,190.00</b>	<b>\$131,300.00</b>		<b>\$50,243.75</b>	
New combiner, cost per channel (without antenna)	\$84,200.00	\$119,900.00	This cost is above catalog because the channel combiner, mask filter and load are shared by 3 stations, but owned by 2, and by contract cost for 3 is split 2 ways. Tax and shipping still to be added See attached ERI letter of explanation.	\$50,243.75	N/A



Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
UHF - High Power Top Mount Three Station broadband panel antenna horizontally polarized	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	\$96,190.00	\$131,300.00	N/A	\$50,243.75	N/A
<b>Total for all systems</b>	\$1,555,600.00	\$1,496,985.00	N/A	\$62,389.99	N/A

## Components

Actual Information	
Description	File Name

<p>New combiner, cost per channel (without antenna)</p>	<p><b>Component Description:</b> 50 percent deposit on UHF 3-Channel Combiner, Mask Filter and transition and system ballast load - Please see ERI letter of explanation of cost, dated 11/28 /2017, attached hereto. Total cost for 3 stations is divided 2 ways by contractual obligation.</p> <p><b>Amount:</b> \$50,243.75</p>
<p>Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)</p>	<p>Information not provided.</p>
<p>UHF - High Power Top Mount Three Station broadband panel antenna horizontally polarized</p>	<p>Information not provided.</p>
<p>Sweep test of existing antenna</p>	<p>Information not provided.</p>

**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>\$331,070.00</b>	<b>\$315,250.00</b>		<b>\$12,146.24</b>	
Additional Field Engineering Service, 5 Days	<i>\$25,000.00</i>	\$25,000.00	Additional costs have been added here based on ERI field service costs which will total \$16,950. See ERI letter of explanation, dated 11/28 /2017, attached hereto.	\$8,475.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Project management of the transition	\$165,900.00	\$157,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,769.99	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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	\$675.00	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
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$1,226.25	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$331,070.00	\$315,250.00	N/A	\$12,146.24	N/A
<b>Total for all systems</b>	\$1,555,600.00	\$1,496,985.00	N/A	\$62,389.99	N/A

## Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 5 Days	<p><b>Component Description:</b> 50 percent deposit on ERI field service in connection with UHF combiner and mask filter installation.</p> <p><b>Amount:</b> \$8,475.00</p>
RF Exposure Measurements	Information not provided.

Project management of the transition	Information not provided.	
Prepare and or review reimbursement form	<p><b>Component Description:</b></p> <p><b>Amount:</b></p> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> <p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Legal services in connection with providing further information related to FCC Form 1876 and figuring out apparently inconsistent information; fees billed in prior months and service charges omitted from this reimbursement request.</p> <p>\$540.00</p> <p>Legal fees and costs for preparing and submitting FCC Form 1876 to obtain reimbursement of expenses.</p> <p>\$464.99</p> <p>Legal fees for preparation and filing of Schedule 399 and obtaining necessary information; fees billed in prior months and service charges omitted from this reimbursement request.</p> <p>\$652.50</p>

	<p><b>Component Description:</b> Provided legal advice as to information needed and timing required for cost reimbursement forms.</p> <p><b>Amount:</b> \$112.50</p>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Legal advice and assistance in preparing and filing FCC Form 2100; fees billed in prior months and service charges omitted from this reimbursement request and reimbursement for other elements requested separately.</p> <p><b>Amount:</b> \$562.50</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Provided legal advice as to required preparation of Form 2100 and required timing of same.</p> <p><b>Amount:</b> \$112.50</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Attorney Fees - Negotiation of lease and other matters for shared locations</p>	<p>Information not provided.</p>



<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p><b>Component Description:</b> Provided legal information and advise regarding grant of STA for transition phase change.</p>
	<p><b>Amount:</b> \$112.50</p>
	<p><b>Component Description:</b> Legal fees in connection with preparation and filing of STA request for change in transition phase. Prior month's charges and courtesy discount omitted from reimbursement request.</p>
	<p><b>Amount:</b> \$1,113.75</p>
<p>Comprehensive coverage verification via field study, if needed</p>	<p>Information not provided.</p>

**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>\$43,290.00</b>	<b>\$42,685.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$19,500.00</i>	\$19,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$300.00</i>	\$300.00	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
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A

MVPD Notification of Channel Change	<i>\$300.00</i>	\$300.00	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>	\$43,290.00	\$42,685.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,555,600.00	\$1,496,985.00	N/A	\$62,389.99	N/A

### Components

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$1,555,600.00	\$1,496,985.00	\$62,389.99

**Reimbursement Status**

<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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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 data-bbox="758 772 1053 1176">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 data-bbox="758 1198 1037 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="758 1467 1045 1747">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.

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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

01/25/2018

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></p>	<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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

01/25/2018

## Attachments