



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **38497** | Service: **DCA** | Call **KADO-CD** | Channel: **36 (UHF)** |  
ID:  
File **0000024419** | Sign:  
Number:  
FRN: **0005870498** | Date **05/23**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WORD OF LIFE MINISTRIES, INC.</b> Doing Business As: WORD OF LIFE MINISTRIES, INC.	Chad Giddens 4425 Meriwether Rd SHREVEPORT, LA 71109 United States	+1 (318) 688-4411	wolmedia@mac.com	Not-for-Profit

## 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
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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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.	No
Briefly describe transition plan	Change the antenna to a broadband antenna that is able to broadcast on the existing channel and our new channel. Replace Mask filter for new channel. Use existing transmission line, and transmitter.

## Transmitters

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

## Primary Transmitter

### Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Anywave
	Model	ATC5XU
	Year	2017

	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.7 kW

**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	3 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A

	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**

Information not provided.

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna**

**Add Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW

Manufacturer	
Model	PSILP80I-40
Year	2015

Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	8
	Lower Limit	602.00 MHz
	Upper Limit	632.00 MHz
	Design power capacity in use	90.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	



Model	JA SS-8 D36 D40 SHO BB
Year	2018
Justification for New Antenna	channel change. Adding a broadband antenna allows us to utilize our existing transmission line and we will not have to use an interim antenna or line.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

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

<b>Tower Equipment And Rigging Costs</b>	Section	Question	Response
	<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	Yes

<b>Primary Tower</b>	<b>Existing Tower</b>		
	Section	Question	Response
	<b>Existing Tower Description</b>	Type of change	Move Equipment
		Tower Use	Primary (Main)
		Description of Use	N/A
		Ownership	Leased
		Is this tower consider Complex?	No
		Is this tower currently shared with any other stations?	No
		One or more FM, AM or TV radio broadcaster(s)	N/A
		Others Types of Users	N/A
		Is tower documented for structural analysis?	Unknown
		Is tower compliant with Rev G?	Unknown
	<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
		ASR Number	1020975
	<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	32° 29' 35.5" N-
		Longitude (NAD83)	093° 45' 53.3" W-

	Overall Structure Height	306.10 feet
	Support Structure Height	279.85 feet
	Ground Elevation Above Mean Sea Level (AMSL)	245.08 feet
	Structure Type	LTOWER - Lattice Tower
	Tower Owner	American Towers, LLC.
	Date Constructed	10/30/1995

**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<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	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 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	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	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
<b>Project Managemnet</b>	Project management hours for in-house management of repack

## 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	No
	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?	No
	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

Other  
Expenses

Other Expenses Not Listed

Name	Description
Tower Fees	structural analysis, zoning / permitting fees / technical drawings for new equipment on tower.



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 ATC5XU	\$109,355.00	\$5,365.00		\$5,365.50	
3 kW mask filter	\$4,155.00	\$5,365.00	Our existing filter is an 8pole 2KW supplied by the transmitter manufacturer and designed to work with the transmitter software for monitoring and error correction. This is the exact items replacement cost supplied by the manufacturer.	\$5,365.50	This is the replacement cost for the 6 pole filter provided by the transmitter manufacturer. It's an item-for-item replacement. It's designed to work with the transmitters monitoring and error correction software.
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	\$0.00	N/A
Sub-total	\$109,355.00	\$5,365.00	N/A	\$5,365.50	N/A
Total for all systems	\$297,745.00	\$96,312.00	N/A	\$11,955.55	N/A

Components

Actual Information	
Description	File Name
3 kW mask filter	<div> <div>Component Description:</div> <div>Full price for Mask Filter</div> <div>Amount:</div> <div>\$5,365.50</div> </div>
UHF and VHF - minor banding issues	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
Primary Antenna JA SS-8 D36 D40 SHO BB	\$33,030.00	\$15,500.00		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$9,500.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	N/A	N/A
Sub-total	\$33,030.00	\$15,500.00	N/A	\$0.00	N/A
Total for all systems	\$297,745.00	\$96,312.00	N/A	\$11,955.55	N/A

Components

Information not provided.

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

**Cost Information**      **Tower Equipment and Rigging Costs**

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 Tower LTOWER	\$84,200.00	\$17,095.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$17,095.00	ADO Repack Quote -- Install temp. trans line. Move existing antenna. Install new antenna. Remove temp equipment. This price is the remainder on the KADO Repack Quote after transmission line and line sweep have been removed.	N/A	N/A
Sub-total	\$84,200.00	\$17,095.00	N/A	\$0.00	N/A
Total for all systems	\$297,745.00	\$96,312.00	N/A	\$11,955.55	N/A

## Components

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>\$28,530.00</b>	<b>\$23,750.00</b>		<b>\$3,068.05</b>	
Project Managemnet	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$2,000.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$4,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$1,500.00	N/A	\$596.80	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$971.25	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,500.00	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>	\$28,530.00	\$23,750.00	N/A	\$3,068.05	N/A
<b>Total for all systems</b>	\$297,745.00	\$96,312.00	N/A	\$11,955.55	N/A

## Components

Actual Information	
Description	File Name
Project Managemnet	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.

Prepare and or review reimbursement form	<table> <tr> <td data-bbox="699 174 1007 208"><b>Component Description:</b></td><td data-bbox="1142 174 1326 246">Invoice prep for filings.</td></tr> <tr> <td data-bbox="699 257 810 291"><b>Amount:</b></td><td data-bbox="1142 257 1238 291">\$185.00</td></tr> <tr> <td data-bbox="699 398 1007 432"><b>Component Description:</b></td><td data-bbox="1142 398 1270 432">399 review</td></tr> <tr> <td data-bbox="699 436 810 470"><b>Amount:</b></td><td data-bbox="1142 436 1238 470">\$185.00</td></tr> <tr> <td data-bbox="699 577 1007 611"><b>Component Description:</b></td><td data-bbox="1142 577 1361 763">communicate with attorney, engineer, and KADO management on 399 filing and info</td></tr> <tr> <td data-bbox="699 775 810 808"><b>Amount:</b></td><td data-bbox="1142 775 1222 808">\$64.80</td></tr> <tr> <td data-bbox="699 916 1007 949"><b>Component Description:</b></td><td data-bbox="1142 916 1374 1025">Correspondence on 399 form prep and filing.</td></tr> <tr> <td data-bbox="699 1037 810 1070"><b>Amount:</b></td><td data-bbox="1142 1037 1238 1070">\$162.00</td></tr> </table>	<b>Component Description:</b>	Invoice prep for filings.	<b>Amount:</b>	\$185.00	<b>Component Description:</b>	399 review	<b>Amount:</b>	\$185.00	<b>Component Description:</b>	communicate with attorney, engineer, and KADO management on 399 filing and info	<b>Amount:</b>	\$64.80	<b>Component Description:</b>	Correspondence on 399 form prep and filing.	<b>Amount:</b>	\$162.00
<b>Component Description:</b>	Invoice prep for filings.																
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<b>Component Description:</b>	Correspondence on 399 form prep and filing.																
<b>Amount:</b>	\$162.00																
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="699 1205 1007 1238"><b>Component Description:</b></td><td data-bbox="1142 1205 1378 1435">Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.</td></tr> <tr> <td data-bbox="699 1447 810 1480"><b>Amount:</b></td><td data-bbox="1142 1447 1238 1480">\$601.25</td></tr> <tr> <td data-bbox="699 1588 1007 1621"><b>Component Description:</b></td><td data-bbox="1142 1588 1374 1854">Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.</td></tr> <tr> <td data-bbox="699 1865 810 1899"><b>Amount:</b></td><td data-bbox="1142 1865 1238 1899">\$370.00</td></tr> </table>	<b>Component Description:</b>	Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.	<b>Amount:</b>	\$601.25	<b>Component Description:</b>	Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.	<b>Amount:</b>	\$370.00								
<b>Component Description:</b>	Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.																
<b>Amount:</b>	\$601.25																
<b>Component Description:</b>	Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.																
<b>Amount:</b>	\$370.00																



Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<div> <div>Component Description:</div> <div>CP permit prep.</div> <div>Amount:</div> <div>\$1,500.00</div> </div>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	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>\$42,630.00</b>	<b>\$34,602.00</b>		<b>\$3,522.00</b>	
Tower Fees	<i>\$30,080.00</i>	\$30,080.00	This is ESTIMATED services/ fess provided by the tower owner, American Tower, for structural analysis, technical drawings, some project management, and miscellaneous fees/ services for adding, and removing broadcast equipment at tower site.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,522.00	N/A	\$3,522.00	N/A
<b>Sub-total</b>	<b>\$42,630.00</b>	<b>\$34,602.00</b>	N/A	<b>\$3,522.00</b>	N/A
<b>Total for all systems</b>	<b>\$297,745.00</b>	<b>\$96,312.00</b>	N/A	<b>\$11,955.55</b>	N/A

## Components

Actual Information Description	File Name
Tower Fees	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
DTV Medical Facility Notification	<div> <div> <b>Component Description:</b> </div> <div> Notification of medical facilities. </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$3,522.00 </div> </div> <div> <div> <b>Component Description:</b> </div> <div> 100% due when order for work is placed. Will place the order now and it will be scheduled for Jan 2019. </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$3,522.00 </div> </div>

<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>	\$297,745.00	\$96,312.00
			\$11,955.55

<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>Chad Giddens</b>  <i>Media Manager</i></p> <p>05/23/2018</p>

## Attachments