



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

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

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|-------------------|------------------|----------------|
| WORD OF LIFE MINISTRIES, INC. 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 |
|----------|----------|
|----------|----------|

| | |
|--|--|
| 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 |
|------------------------|--|----------|
| New IOT Tubes | Number of Tubes (including accessories) needed | N/A |
| New Mask Filter | Power | 3 kW |
| | Other Power | N/A |
| New Exciter | Is a new exciter needed? | No |

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 | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |

| | | |
|--|---|-----|
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | 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 |
|------------------------------------|---|----------|
| Combiner for Shared Antenna | 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 |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |

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

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

| 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? | Yes |

| Primary Tower | Existing Tower | | |
|---|---|-------------------|----------|
| | Section | Question | Response |
| Existing Tower Description | 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 | |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes | |
| | ASR Number | 1020975 | |
| Coordinates (NAD83 (North American Datum of 1983)) | 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 |
|--|--|---|
| Outside Project Management Services | Do you require outside project management services? | No |
| | Number of Hours | N/A |
| | Explanation | N/A |
| Outside RF consulting Engineering Services | 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 |
| | Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application |
| 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 |
| RF Field Engineering Services | 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 |
|--------------------|--|
| Project Managemnet | Project management hours for in-house management of repack |

Other Expenses

| Section | Question | Response |
|-------------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | 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 |
| Permit and Filing Costs | 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 |
| Other Miscellaneous Expenses | 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 | <p>Component Description: Full price for Mask Filter</p> <p>Amount: \$5,365.50</p> |
| 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 |
|--|-----------------------------|--------------------|------------------------------|-------------------|---------------------------|
| Outside Professional Services | \$28,530.00 | \$23,750.00 | | \$3,068.05 | |
| 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 |
| Sub-total | \$28,530.00 | \$23,750.00 | N/A | \$3,068.05 | 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 |
| 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="700 181 1007 210">Component Description:</td> <td data-bbox="1142 181 1270 210">399 review</td> </tr> <tr> <td data-bbox="700 221 810 250">Amount:</td> <td data-bbox="1142 221 1238 250">\$185.00</td> </tr> <tr> <td data-bbox="700 360 1007 389">Component Description:</td> <td data-bbox="1142 360 1362 546">communicate with attorney, engineer, and KADO management on 399 filing and info</td> </tr> <tr> <td data-bbox="700 557 810 586">Amount:</td> <td data-bbox="1142 557 1222 586">\$64.80</td> </tr> <tr> <td data-bbox="700 696 1007 725">Component Description:</td> <td data-bbox="1142 696 1326 761">Invoice prep for filings.</td> </tr> <tr> <td data-bbox="700 772 810 801">Amount:</td> <td data-bbox="1142 772 1238 801">\$185.00</td> </tr> <tr> <td data-bbox="700 911 1007 940">Component Description:</td> <td data-bbox="1142 911 1374 1021">Correspondence on 399 form prep and filing.</td> </tr> <tr> <td data-bbox="700 1032 810 1061">Amount:</td> <td data-bbox="1142 1032 1238 1061">\$162.00</td> </tr> </table> | Component Description: | 399 review | Amount: | \$185.00 | Component Description: | communicate with attorney, engineer, and KADO management on 399 filing and info | Amount: | \$64.80 | Component Description: | Invoice prep for filings. | Amount: | \$185.00 | Component Description: | Correspondence on 399 form prep and filing. | Amount: | \$162.00 |
| Component Description: | 399 review | | | | | | | | | | | | | | | | |
| Amount: | \$185.00 | | | | | | | | | | | | | | | | |
| Component Description: | communicate with attorney, engineer, and KADO management on 399 filing and info | | | | | | | | | | | | | | | | |
| Amount: | \$64.80 | | | | | | | | | | | | | | | | |
| Component Description: | Invoice prep for filings. | | | | | | | | | | | | | | | | |
| Amount: | \$185.00 | | | | | | | | | | | | | | | | |
| Component Description: | Correspondence on 399 form prep and filing. | | | | | | | | | | | | | | | | |
| Amount: | \$162.00 | | | | | | | | | | | | | | | | |
| Perform engineering study for new channel assignment and antenna development | <table> <tr> <td data-bbox="700 1207 1007 1236">Component Description:</td> <td data-bbox="1142 1207 1374 1473">Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.</td> </tr> <tr> <td data-bbox="700 1485 810 1514">Amount:</td> <td data-bbox="1142 1485 1238 1514">\$370.00</td> </tr> <tr> <td data-bbox="700 1624 1007 1653">Component Description:</td> <td data-bbox="1142 1624 1374 1845">Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.</td> </tr> <tr> <td data-bbox="700 1856 810 1886">Amount:</td> <td data-bbox="1142 1856 1238 1886">\$601.25</td> </tr> </table> | Component Description: | Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps. | Amount: | \$370.00 | Component Description: | Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing. | Amount: | \$601.25 | | | | | | | | |
| Component Description: | Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps. | | | | | | | | | | | | | | | | |
| Amount: | \$370.00 | | | | | | | | | | | | | | | | |
| Component Description: | Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing. | | | | | | | | | | | | | | | | |
| Amount: | \$601.25 | | | | | | | | | | | | | | | | |

| | |
|--|---|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: Amount: CP permit prep. \$1,500.00 |
| 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 |
|---|-----------------------------|--------------------|--|--------------------|---------------------------|
| Other Expenses | \$42,630.00 | \$34,602.00 | | \$3,522.00 | |
| 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 |
| Sub-total | \$42,630.00 | \$34,602.00 | N/A | \$3,522.00 | 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 |
|---|--|
| Tower Fees | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| DTV Medical Facility Notification | <p data-bbox="724 600 1369 712">Component Description: Notification of medical facilities. Amount: \$3,522.00</p> <p data-bbox="724 819 1374 1128">Component Description: 100% due when order for work is placed. Will place the order now and it will be scheduled for Jan 2019. Amount: \$3,522.00</p> |

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$297,745.00 | \$96,312.00 | \$11,955.55 |

Reimbursement Status

| Question | Response |
|--|-----------------|
| 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>Submission of Estimated Expenses Statements</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"> 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. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 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. | |

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

Attachments