

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

51806 Service: DCA Channel: 32 (UHF) Facility Call **WBXH-CD** Sign:

File 0000024798

Number:

ID:

FRN: 0018223693 Date 11/16

> Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WAFB LICENSE SUBSIDIARY, LLC Doing Business As: WAFB LICENSE SUBSIDIARY, LLC	Rebecca Bryan RSA TOWER, 20TH FLOOR 201 MONROE STREET MONTGOMERY, AL 36104 United States	+1 (334) 206- 1400	rbryan@raycommedia. com	Limited Liability Company

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

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	Install new Channel 32 antenna in place of existing Channel 39 antenna. Install new air dielectric line for pressurized antenna. New transmitter required as the existing will not make required TPO.

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	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
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	UAX
	Year	2012
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.62 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-2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.1 kW
	Justification for New Transmitter	Existing transmitter will not make required TPO Headroom analysis attached

Primary Transmitter

Other Transmitter Costs

	Response
Service Entrance (3 phases 800A 208V)	No
Switchgear (industrial 800 amp)	Yes
Transformer (480V)	No
Power	N/A
Rigid Conduit and Wiring	No
Size	N/A
Length	N/A
	Switchgear (industrial 800 amp) Transformer (480V) Power Rigid Conduit and Wiring Size

	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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 leashold 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 Information not provided.

Other Transmitter Cost Not Listed

Antennas

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

Existing 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 the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Class A
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	8.8 kW

Manufacturer	
Model	TLP16-M
Year	2005

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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Class A
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	7.2 kW
	Manufacturer	
	Model	TLP-12M/VP

Year	2019
Justification for New Antenna	Existing antenna can not be retuned E- Pol premium is not reimbursable

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Other Antenna Cost Not Listed

Information not provided.

Transmission ^{Seffien}	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary Transmission Se

Existing Transmission Line

on Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Туре	Flexible Foam
	Diameter	Other
	Other Diameter	2 inches
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	537 feet per run

New Transmission Line

Primary
Transmissio

n Line Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Туре	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	537 feet per
	Justification for New Transmission Line	Existing transmission line is foam, need air dielectric in order to pressurize the new channel 32 antenna. 2' no longer sold (3" on quote)

Primary Other Transmission Line Expenses Not Listed

Transmission Line tion not provided.

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	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	30° 26′ 37.0″ N-
	Longitude (NAD83)	091° 10' 54.0" W-
	Overall Structure Height	499.01 feet
	Support Structure Height	456.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	36.09 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WAFB LLC
Date Constructed	05/22/1965

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

Facility ID	Call Sign	Service
18185	WBRH	FM

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

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

Name	Description

Tower	Mar	nin	a
IOWEI	ivia	ווועכ	ч

Tower Mapping for WBXH existing tower

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	300
	Explanation	Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal
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	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	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside
Outside
Professional Services Expenses Not Listed
Professional Services © ostsided.

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?	Yes
	Does this relocation require Equipment Storage?	Yes
	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 Not Listed

Expenses Information not provided.

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-2	\$164,200.00	\$114,208.96		\$56,918.97	
Switchgear - industrial 800 amp	\$38,200.00	\$25,000.00	N/A	\$0.00	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$89,208.96	Quote attached (GA- 00021472)	\$56,918.97	N/A
Sub-total	\$164,200.00	\$114,208.96	N/A	\$56,918.97	N/A
Total for all systems	\$667,903.00	\$542,935.83	N/A	\$121,107.34	N/A

Components

Actual Information Description	File Name
Switchgear - industrial 800 amp	Information not provided.

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW

Component Description: Transmitter, Mask

Filter Saystem, Electrical, Installation &

Proof

Amount: \$11,383.79

Component Description: UAXTE-2-E

Amount: \$7,589.20

Component Description: Transmitter, Mask

Filter Saystem, Electrical,

Installation and

Proof

Amount: \$37,945.98

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 TLP-12M/VP	\$33,030.00	\$25,948.74		\$15,569.24	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$3,840.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$19,548.74	Quote attached	\$11,729.24	N/A
Sub-total	\$33,030.00	\$25,948.74	N/A	\$15,569.24	N/A
Total for all systems	\$667,903.00	\$542,935.83	N/A	\$121,107.34	N/A

Components

Actual Information Description	File Name	
Sweep test of existing antenna	Component Description: Amount:	Repack Sweep - WBXH-210- Primary Antenna - Sweep Test \$3,200.00
	Component Description: Amount:	Sweep Test Primary Antenna \$640.00

UHF - Lower Power Side Mount, Class A One Station antenna -- basic

Component Description: UHF lower power

side mount

antenna

Amount: \$1,954.87

Component Description: Antenna,

Transmission Line, On-Site Engineer,

VPOL

Components

Amount: \$9,774.37

Transmission Line

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

Description Primary Transmission	Predetermined Cost Estimate \$31,683.00	Estimated Cost \$21,958.13	Estimated Cost Justification	Actual Cost \$13,174.87	Actual Cost Justification
Line					
Flexible Air Transmission Line - dielectric, 3"	\$31,683.00	\$21,958.13	Dielectric quote for 3" replaces 2" which is no longer manufactured. Air dielectric is required to pressurize new antenna Quote attached.(see main antenna quote) Estimated tax and shipping added to cost.	\$13,174.87	N/A
Sub-total	\$31,683.00	\$21,958.13	N/A	\$13,174.87	N/A
Total for all systems	\$667,903.00	\$542,935.83	N/A	\$121,107.34	N/A

Components

Actual Information		
Description	File Name	

Flexible Air Transmission Line - dielectric, 3"

Component Description: Primary

Transmission Line

Amount: \$2,195.81

Component Description: Flexible

Transmission Line

- WBXH-310-

Primary

Transmission Line
- Flexible, 3", Air

Dielectric

Amount: \$10,979.06

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 TOWER	\$260,300.00	\$218,300.00		\$30,109.31	
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	\$30,109.31	N/A
Tower Mapping	\$5,500.00	\$5,500.00	Please see invoice 3178 from Tower King II, Inc.	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$7,800.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$125,000.00	N/A	N/A	N/A
Sub-total	\$260,300.00	\$218,300.00	N/A	\$30,109.31	N/A
Total for all systems	\$667,903.00	\$542,935.83	N/A	\$121,107.34	N/A

Components

Actual Information		
Description	File Name	

	Component Description:	Tower Service -
		Antenna and Transmission Line
		Installation
	Amount:	\$30,000.00
	Component Description:	SS Angle Adapter,
		10/pack; Cushion
		Hanger kit or (1) 7 /8"
	Amount:	\$109.31
Tower Mapping	Information not provided.	
Structural engineering tower load study for well documented tower	Information not provided.	
Minor tower reinforcement /modifications	Information not provided.	

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 Justification
Outside Professional Services	\$151,320.00	\$143,750.00		\$3,250.00	
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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	\$5,000.00	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 engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,250.00	N/A
Project management of the transition	\$47,400.00	\$45,000.00	N/A	N/A	N/A
Sub-total	\$151,320.00	\$143,750.00	N/A	\$3,250.00	N/A
Total for all systems	\$667,903.00	\$542,935.83	N/A	\$121,107.34	N/A

Components

Actual Information Description	File Name
Comprehensive coverage verification via field study, if needed	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 engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description:	FCC Form 2100 Construction Permit Application
	Amount:	\$2,000.00
Perform engineering study for new channel assignment	Component Description:	Engineering study
and antenna development	Component Description.	work for new
		channel
		assignment and
		antenna
		development.
	Amount:	\$125.00
	Component Description:	Engineering study
		work for new
		channel assignment and
		antenna
		development.
	Amount:	\$1,125.00
Project management of the		
transition	Component Description:	Project
	-	Management
	Amount:	\$2,084.95

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	\$27,370.00	\$18,770.00		\$0.00	
MVPD Notification of Channel Change	\$0.00	\$0.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$2,850.00	\$2,850.00	estimate for on air rescan announcement production. Quote attached	N/A	N/A
Equipment Storage	\$10,000.00	\$10,000.00	Estimate for Dielectric on site antenna storage Dielectric letter attached	N/A	N/A
Equipment Delivery and Handling Charges	\$2,970.00	\$2,970.00	On site forklift rental estimate Representative quote attached	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,950.00	Group quote attached	N/A	N/A
Sub-total	\$27,370.00	\$18,770.00	N/A	\$0.00	N/A
Total for all systems	\$667,903.00	\$542,935.83	N/A	\$121,107.34	N/A

Components

Information not provided.

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$667,903.00	\$542,935.83	\$121,107.34

Reimbursem	entestatus	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

Section Question Response

Submission of Estimated Expenses Statements

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.

- 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.

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 abovenamed applicant for the Authorization(s) specified above. Robert Thurber VP, Engineering

11/16/2018

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

- 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 abovenamed applicant for the Authorization(s) specified above. Robert Thurber VP, Engineering

11/16/2018

Attachments