



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **31354** | Service: **DCA** | Call **KSBO-CD** | Channel: **36 (UHF)**
ID: | Sign:
File **0000027640**
Number:
FRN: **0026907345** | Date **01/29**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-------------------|------------------|----------------|
| HC2 STATION GROUP, INC. Doing Business As: HC2 STATION GROUP, INC. | RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States | +1 (212) 339-5835 | JFERRARO@HC2.COM | Corporation |

Reimbursement Contact Information

Reimbursement Contact Name and Information

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

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|--|---------|-------|-------|
| 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 | Perform a flash-cut transition to the new assigned TV channel. Go off the air for some hours while the antenna is replaced with a new one; simultaneously swap out the mask filter and modify the transmitter's channel, sweep and proof the whole system. |

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 and Type | Manufacturer | |
| | Model | LPTV- 8000U |
| | Year | 2015 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1.5 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? | Yes |
| | Manufacturer | |
| | Model | TRN-5X-U-18-C |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2 kW |
| | Justification for New Transmitter | The current transmitter cannot be returned. |

**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**

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 Manufacturer and Type | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | 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 | SWLP8OI-42 |
| Year | 1998 |

**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? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| | New Antenna Manufacturer and Types | Class |
| Mounting | | Side Mount |
| Antenna position in stack | | Not in Stack |
| Polarization | | Circular |
| Type | | 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) | | 5.0 kW |
| Manufacturer | | |

| | |
|-------------------------------|--|
| Model | ATC- BCC88MM- V3-36 |
| Year | 2018 |
| Justification for New Antenna | Existing antenna is tuned to operate on the current channel 42, it will not operate on the new assigned channel and it cannot be re-tuned. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|----------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | |
| | 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? | 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? | Yes | |
| Existing Tower Structure Registration | Do you have a tower registration number? | No | |
| | ASR Number | | |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 35° 21' 39.4" N- | |
| | Longitude (NAD83) | 120° 39' 25.0" W- | |

| | |
|--|--|
| Overall Structure Height | 199.15 feet |
| Support Structure Height | 199.15 feet |
| Ground Elevation Above Mean Sea Level (AMSL) | 2450.13 feet |
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | Coastal Towers |
| Date Constructed | 01/01/1994 |

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 |
|-------------|-----------|---------|
| 58653 | KESC | FM |
| 29885 | K32LT-D | DTV |

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 |
|-------------|-------------|
| Other Costs | Other Costs |

Outside Professional Services Costs

| Section | Question | Response |
|---|--|--|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 270 |
| | Explanation | Project management fee for coordination with other tower users and landlord, scheduling and management of the timelines and schedules occurring during the repack. |
| 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 | Yes |
| | Quantity | 1 |
| | 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 | Yes |
| | Environmental Assessment | Yes |
| | 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 | Yes |
| 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 |

Other Professional Services Expenses Not Listed

Outside

Professional Information not provided.

Services

Costs

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 | Yes |
| | Non-zoning permits | Yes |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | Yes |
| | FCC License to Cover Application | Yes |
| | 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)? | Yes |
| | 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**

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 |
|---|-----------------------------|---------------------|----------------------------------|--------------------|---------------------------|
| Primary Transmitter TRN-5X-U-18-C | \$126,000.00 | \$29,682.45 | | \$29,682.45 | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$29,682.45 | See attached quote from Anywave. | \$29,682.45 | N/A |
| Sub-total | \$126,000.00 | \$29,682.45 | N/A | \$29,682.45 | N/A |
| Total for all systems | \$512,395.00 | \$276,436.68 | N/A | \$97,419.45 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

UHF - Air Cooled Solid State
Transmitter 1 - 2.5 kW

Component Description: Electrical work to
finalize initial
install of repack
transmitter power.
#42737

Amount: \$210.00

Component Description: Transmitter
related cost.
#1242

Amount: \$2,075.00

Component Description: Transmitter cost.
#7160-01

Amount: \$26,058.00

Component Description: Transmitter
shipping cost.
#8917

Amount: \$905.00

Component Description: Transmitter
related cost.
#42098

Amount: \$434.45

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 ATC-BCC88MM-V3-36 | \$33,030.00 | \$16,400.00 | | \$5,650.00 | |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00 | \$10,000.00 | N/A | \$5,650.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$33,030.00 | \$16,400.00 | N/A | \$5,650.00 | N/A |
| Total for all systems | \$512,395.00 | \$276,436.68 | N/A | \$97,419.45 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

| | |
|---|---|
| <p>UHF - Lower Power Side Mount, Class A One Station antenna -- basic</p> | <p>Component Description: Antenna related cost, upgrade excluded. #185198</p> <p>Amount: \$3,150.00</p> |
| | <p>Component Description: Antenna related cost. #1236-C</p> <p>Amount: N/A</p> |
| | <p>Component Description: Antenna related cost, upgrade excluded. #PO000040-INV</p> <p>Amount: \$2,500.00</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**

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 | \$136,400.00 | \$77,200.00 | | \$52,200.00 | |
| Other Costs | <i>\$52,200.00</i> | \$52,200.00 | N/A | \$52,200.00 | N/A |
| Short Tower (less than 500') | \$84,200.00 | \$25,000.00 | N/A | N/A | N/A |
| Sub-total | \$136,400.00 | \$77,200.00 | N/A | \$52,200.00 | N/A |
| Total for all systems | \$512,395.00 | \$276,436.68 | N/A | \$97,419.45 | N/A |

Components

| Actual Information | |
|------------------------------|---|
| Description | File Name |
| Other Costs | <p>Component Description: Tower related cost. #20082046</p> <p>Amount: \$18,645.00</p> <p>Component Description: Tower related cost. #20082094</p> <p>Amount: \$33,555.00</p> |
| Short Tower (less than 500') | 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 | \$86,520.00 | \$34,359.23 | | \$8,109.23 | |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | \$10,520.00 | \$3,000.00 | N/A | N/A | N/A |
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$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 | \$5,000.00 | N/A | N/A | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$570.00 | N/A | \$570.00 | 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 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$4,500.00 | N/A | \$0.00 | 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 |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$42,660.00 | \$7,539.23 | N/A | \$7,539.23 | N/A |
| Sub-total | \$86,520.00 | \$34,359.23 | N/A | \$8,109.23 | N/A |
| Total for all systems | \$512,395.00 | \$276,436.68 | N/A | \$97,419.45 | N/A |

Components

| Actual Information | |
|---|---|
| Description | File Name |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | Information not provided. |
| NEPA Section 106 environmental review, 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 request for Special Temporary Authorization | <p>Component Description: Consulting engineering cost. #0002-004-0001</p> <p>Amount: \$570.00</p> |
| 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 | Information not provided. |
| Perform engineering study for new channel assignment and antenna development | Information not provided. |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| Project management of the transition | |

Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations.
#1158
Amount: \$723.06

Component Description: Legal services cost. #475041
Amount: \$216.00

Component Description: Portion of general repack matter invoice attributable to this station - divided by 20 stations.
#1144
Amount: \$796.10

Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations.
#1146
Amount: \$888.15

Component Description: Legal services cost. #2020-KSBO
Amount: \$168.50

Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations.
#1150
Amount: \$630.93

Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations.
#1165
Amount: \$497.50

Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations.
#475439
Amount: \$268.86

Component Description: Portion of general repack matter invoice attributable to this station - divided by 20 stations.
#473857
Amount: \$1,198.13

Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations.
#1163
Amount: \$607.03

Component Description: Repack coordination and site visits. #1236-C
Amount: \$350.00

Component Description: Portion of general repack matter invoice attributable to this station - divided by 18 stations.
#472568
Amount: \$821.47

Component Description: Legal services cost. #474795
Amount: \$329.50

Component Description: Legal services cost. #475467
Amount: \$44.00

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 | \$24,495.00 | \$14,895.00 | | \$1,777.77 | |
| MVPD Notification of Channel Change | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| Equipment Storage | <i>\$1,500.00</i> | \$1,500.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$1,500.00</i> | \$1,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$2,500.00</i> | \$2,500.00 | N/A | N/A | N/A |
| Non-zoning permits | <i>\$1,000.00</i> | \$1,000.00 | N/A | N/A | N/A |
| Local Zoning | <i>\$1,000.00</i> | \$1,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |

| | | | | | |
|---|--------------|--------------|-----|-------------|-----|
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,000.00 | N/A | \$1,777.77 | N/A |
| Sub-total | \$24,495.00 | \$14,895.00 | N/A | \$1,777.77 | N/A |
| Total for all systems | \$512,395.00 | \$276,436.68 | N/A | \$97,419.45 | N/A |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| MVPD Notification of Channel Change | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Storage | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| Non-zoning permits | Information not provided. |
| Local Zoning | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |

DTV Medical Facility
Notification

Component Description:

Medical
notification
service. #INV-
001943

Amount:

\$1,777.77

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$512,395.00 | \$276,436.68 | \$97,419.45 |

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.

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.

**Henry
Turner**
COO

01/29/2020

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | <p>Submission of Actual Cost Documentation Statements</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"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. 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 above-named applicant for the Authorization(s) specified above.

**Henry
Turner**
COO

01/29/2020

Attachments