

Federal Communications Commission

### (REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	67950	Service: DTV	Call	ктвพ-тv	Channel: 21 (UHF)
ID:			Sign:		
File	00000	27703			
Number:					
FRN: <b>00</b>	05022751	Date	09/30		
		Submitted:	/2020		

# Applicant Name, Type, and Contact Information

#### Information Applicant Applicant Address Phone Email Туре TRINITY 1909 SOUTH +1 cmmay@maylawoffices. Not-for-**BROADCASTING OF** 341ST (253) Profit com WASHINGTON PLACE 927-FEDERAL 7720 WAY, WA 98003 **United States**

#### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information				
Contact Information	Applicant	Address	Phone	Email	
	The Preparer is same as the reimbursement contact.				

Broadcaster	Question	Response
Information		
and		
Transition		
Plan		

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 SS xmitter system. Add AUX antenna & line to the tower & feed it with a reduced signal from the current xmitter. Remove & replace antenna. Test.

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

Primary	Existing Transmitter Infor	mation			
Transmitter	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	TDU2- 5K00LV		
		Year	2006		
		Туре	Solid State		
		Solid State Cooling	Liquid Cooled		
		Solid State Power Capacity	5 kW		

#### **Existing Transmitter Information**

Primary	New Transmitter Costs			
Transmitter	Section	Question	Response	
	New Transmitter	Use	Primary (Main)	
		Change Type	Purchase New	
			Is this a request for upgraded equipment?	No
		Manufacturer Model Transmitter Type		
			HPTV- PRLX-U3	
			Solid State	
		Solid State Cooling	Liquid Cooled	
		Solid State Power capacity	5 kW	
		Justification for New Transmitter	see attachment	

# Primary Other Transmitter Costs

Transmitter	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	Yes
		Description	breakers, labor

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	Other Transmitter Cost Not Listed	
	Name	Description
	install	xmitter install

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Existing Antenna Information			
Antenna	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	Full Power	
	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)	90.0 kW	

Manufacturer	
Model	ATW18H3- HSC1-14S
Year	2005

Primary	New Antenna Costs				
Antenna	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?	No		
		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	Full Power		
		Mounting	Top Mount		
		Antenna position in stack	Not in Stack		
		Polarization	Horizontal		
		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)	107.0 kW		
		Manufacturer			
		Model	SWCDT18WCS /21		
		Year	2017		

#### Oth or Anti $\sim$

Primary

Uther	Antenna	Costs	

Antenna

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	
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

**Other Antenna Cost Not Listed** Primary

Antenna Information not provided.

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

ransmissio	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	Manufacturer	
	Line Manufacturer and Type	Туре	Rigid
		Diameter	3 1/8 inches
		Other Diameter	N/A
		Segment Length	20 inches
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	300 feet per run

# Primary Existing Transmission Line

Primary	New Transmission Line			
Transmissio	n Section	Question	Response	
	New Transmission Line	Use	Primary (Main)	
	Costs	Description of Use	N/A	
		Change Type	Purchase New	
		Is this a request for upgraded equipment?	No	
		Туре	Rigid	
		Diameter	3 1/8 inches	
		Other Diameter	N/A	
		Segment Length	19 1/2 inches	
		Other Segment Length	N/A	
		Number of parallel runs	1	
		Length	300 feet per run	
		Justification for New Transmission Line	FLANGE REFLECTION ON PRESENT LINE AT NEW CH	

Other Transmission Line Expenses Not Listed Transmission

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

## **Existing Tower**

Primary	Existing Tower				
Tower	Section	Question	Response		
	Existing Tower	Type of change	Move Equipment		
	Description	Tower Use	Primary (Main)		
		Description of Use	N/A		
		Ownership	Owned		
		Is this tower consider Complex?	Terrain Constrained		
		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?	Yes		
		Is tower compliant with Rev G?	Unknown		
	Existing Tower Structure Registration	Do you have a tower registration number?	Yes		
		ASR Number	1032950		
	Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	47° 32' 49.0" N-		
		Longitude (NAD83)	122° 47' 44.0" W-		
		Overall Structure Height	330.05 feet		
		Support Structure Height	262.46 feet		
		Ground Elevation Above Mean Sea Level (AMSL)	1669.93 feet		

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	TRINITY BROADCASTING OF WASHINGTON
Date Constructed	01/01/1983

## **Tower Rigging Costs** Primary Tower

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	No

### Other Tower Expenses Not Listed

Primary Tower Information not provided.

Outside	Section	Question	Response
Professional	Services Costs 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	Yes
		For Main Facility	Yes
		Prepare engineering section of Form FCC License to Cover Application	Yes
		For Auxiliary Facility	Yes
		For Main Facility	Yes
		Prepare request for Special Temporary Authority	Yes
		Quantity	2
		Do you have Distributed Transmission System engineering services?	N/A
		Critical Facility	N/A
		Terrain-Shielded Facility	N/A
	Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
	Services	For Auxiliary Facility	Yes
		For Main Facility	Yes
		Prepare and file Form FCC License to Cover Application	Yes
		For Auxiliary Facility	Yes
		For Main Facility	Yes
			-

	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	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

Other Professional Services Expenses Not Listed Professional Services roopstsided.

Other	Section	Question	Response
Expenses	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?	No
		Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
		Does this relocation require MVPD Notification of a Channel Change?	No

# Other Expenses Not Listed

**Expenses** Information not provided.

#### Transmitters

#### Cost Information

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 HPTV-PRLX- U3	\$333,500.00	\$285,000.00		\$40,000.00	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$225,000.00	N/A	\$0.00	N/A
install	\$40,000.00	\$40,000.00	quoted xmitter install	\$40,000.00	N/A
Other Electrical Service: breakers, labor	\$20,000.00	\$20,000.00	quoted	N/A	N/A
Sub-total	\$333,500.00	\$285,000.00	N/A	\$40,000.00	N/A
Total for all systems	\$1,110,285.00	\$957,531.00	N/A	\$317,254.47	N/A

Actual Information Description	File Name	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	Information not provided.	
install		
	<b>Component Description:</b>	Install xmitter
	Amount:	\$40,000.00

Other Electrical Service:	Information not provided.
breakers, labor	

#### Antennas

#### Cost Information

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 SWCDT18WCS /21	\$261,330.00	\$238,000.00		\$0.00	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$8,000.00	quoted by SWR	\$0.00	q
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	N/A	N/A
UHF - High Power Top Mount (200- 1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$225,000.00	N/A	\$0.00	N/A
Sub-total	\$261,330.00	\$238,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,110,285.00	\$957,531.00	N/A	\$317,254.47	N/A

Actual Information		
Description	File Name	

Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	Component Description: Amount:	elbow deposit \$4,000.00
	Component Description: Amount:	main antenna balance \$4,000.00
Sweep test of existing antenna	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	Component Description: Amount:	main antenna deposit \$88,845.00
	Component Description:	Main antenna balance
	Amount:	\$88,845.00

#### **Transmission Line**

#### Cost Information

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 Transmission Line	\$31,200.00	\$30,000.00		\$0.00	
Rigid Transmission Line - copper, 3 1/8"	\$31,200.00	\$30,000.00	N/A	\$0.00	Quoted by SWR
Sub-total	\$31,200.00	\$30,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,110,285.00	\$957,531.00	N/A	\$317,254.47	N/A

Actual Information Description	File Name	
Rigid Transmission Line - copper, 3 1/8"	Component Description: Amount:	main line balance minus shipping \$14,714.50
	Component Description: Amount:	main line deposit \$14,714.50

#### **Tower Equipment and Rigging Costs**

#### Cost Information

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	\$421,000.00	\$350,000.00		\$274,854.47	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$350,000.00	N/A	\$274,854.47	N/A
Sub-total	\$421,000.00	\$350,000.00	N/A	\$274,854.47	N/A
Total for all systems	\$1,110,285.00	\$957,531.00	N/A	\$317,254.47	N/A

Actual Information Description	File Name	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Component Description: Amount:	deposit \$131,740.13
	Component Description: Amount:	80 % \$90,418.29
	Component Description: Amount:	balance \$52,696.05

#### **Outside Professional Services**

#### Cost Information

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	\$41,705.00	\$38,250.00		\$2,400.00	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	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

RF Consulting Engineer	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Fees- Aux					
Antenna:					
Prepare					
engineering					
section of FCC					
Form 2100,					
License to					
Cover					
Application					
Prepare	\$1,580.00	\$1,500.00	N/A	N/A	N/A
engineering					
section of FCC					
Form 2100					
(main),					
License to					
Cover					
Application					
Perform	\$7,360.00	\$7,000.00	N/A	\$650.00	N/A
engineering					
study for new					
channel					
assignment					
and antenna					
development					
Prepare and	\$2,630.00	\$2,000.00	N/A	N/A	N/A
or review					
reimbursement					
form					
Prepare	\$4,100.00	\$3,000.00	N/A	N/A	N/A
request for					
Special					
Temporary					
Authorization					
RF Consulting	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Engineer					
Fees- Aux					
Antenna:					
Prepare					
engineering					
section of FCC					
Form 2100,					
Construction					

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A
Sub-total	\$41,705.00	\$38,250.00	N/A	\$2,400.00	N/A
Total for all systems	\$1,110,285.00	\$957,531.00	N/A	\$317,254.47	N/A

Actual Information Description	File Name
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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Perform engineering study for new channel assignment and antenna development	Component Description:	interference stud for CP \$650.00
	Component Description:	Further interference stuc for CP
	Amount:	\$650.00
Prepare and or review reimbursement form	Information not provided.	
Prepare request for Special Temporary Authorization	Information not provided.	
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit	Component Description:	Engineering for
Application	Amount:	2100 CP \$1,750.00

#### **Other Expenses**

#### Cost Information

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	\$21,550.00	\$16,281.00		\$0.00	
Equipment Delivery and Handling Charges	\$10,000.00	\$10,000.00	N/A	\$0.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$6,281.00	N/A	N/A	N/A
Sub-total	\$21,550.00	\$16,281.00	N/A	\$0.00	N/A
Total for all systems	\$1,110,285.00	\$957,531.00	N/A	\$317,254.47	N/A

Actual Information Description	File Name	
Equipment Delivery and Handling Charges	Component Description: Amount:	shipping \$9,536.00
DTV Medical Facility Notification	Information not provided.	

Cost Information	Grand Total					
		Predetermined Cost Estimate	Estimated Cost	Actual Cost		
	Total for all systems	\$1,110,285.00	\$957,531.00	\$317,254.47		

Reimbursem	entestiatus	Response
	The facility has ceased operating on its pre- auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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	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.	
		<ol> <li>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> </ol>	
		2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	
		<b>3.</b> 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).
- 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.	Steve Hastings Network RF Manager 09/30/2020

Section	Question	Response
Submission of Final Allocation or Accounting Information 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.	
	<ol> <li>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 acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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>	
	Submission of Final Allocation or Accounting	Submission of Final Allocation or Accounting Information 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 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 acknowledges that all certifications and attached documentation are considered material representations.         2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay

<ul> <li>3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above- named entity, including any discounts, refunds, or rebates.</li> <li>4. The above-named</li> </ul>	
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.	
<ol> <li>The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</li> </ol>	
6. 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.	Steve Hastings Network RF Manager
	09/30/2020

#### Attachments