

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0025820	580 F	ile Number: 0000144666	Submit Date: 05/06/2	2021 Call Sign: KRBX	Facility ID: 173448 City:
CALDWELL	State: IC)			
Service: Full Power FM		Purpose: EEO Report	Status: Received	Status Date: 05/06/2021	Filing Status: Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	Schedule 396 - May 2021
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BOISE COMMUNITY RADIO PROJECT, INC. Doing Business As: BOISE COMMUNITY RADIO PROJECT, INC.	1020 WEST MAIN STREET SUITE 50 BOISE, ID 83702 United States	+1 (208) 258-2072	INFO@RADIOBOISE. ORG	NFP

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	MICHAEL D. BROWN ENGINEERING CONSULTANT BROWN BROADCAST SERVICES, INC.	3740 SW COMUS ST PORTLAND, OR 97219 United States	+1 (503) 245-6065	MIKE@BROWNBROADCAST. COM	Technical Representative
	MICHAEL COUZENS ATTORNEY AT LAW	6536 Telegraph Avenue, Suite B201 Oakland, CA 94609 United States	+1 (510) 658-7654	BROADCASTLAW@GMAIL. COM	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	173448	KRBX	CALDWELL	ID	No

Program Report Questions	Section	Question	Response
	Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
	Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

Certification	Question					
	The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign or behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay					
	Certified Date	05/06 /2021				
	Certified Title	Chief Operator				
	Authorized Party Name	Brian Allred				

Attachments

No Attachments.