

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005013115
 File Number:
 0000148704
 Submit Date:
 06/01/2021
 Call Sign:
 KICR
 Facility ID:
 76431
 City:

 COEUR D'ALENE
 State:
 ID

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 06/01/2021
 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.	Broadcast Equal Employment Opportunity Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Program Report

Questions

Applicant	Address	Phone	Email	Applicant Type
GREAT NORTHERN BROADCASTING, INC. Doing Business As: GREAT NORTHERN BROADCASTING, INC.	327 MARION AVENUE Sandpoint, ID 83864-0061 United States	+1 (208) 263-2179	dylanbenefield@blueskybroadcasting. com	COR

Contact Representatives	Contact Name	Address		Phone	Email		Contact Type
	Dylan Loyd Benefield , Benefield . Great Northern Broadcasting	Dylan Loyd Be PO Box 83864 Sandpoint, ID 8 United States	-0061	+1 (208) 263-2179	dylanbenefie com	eld@blueskybroadcasting.	GM
	TZ SAWYER TZ SAWYER	5456 COLLING CIRCLE CALABASAS, 91302 United States		+1 (301) 461-2069	tzsawyer@tz	zsawyer.com	Technical Representative
Common Stations	Facility Identifier 76431	Call Sign KICR	City COEUR	D'ALENE	State ID	Time Brokerage Agreer No	nent

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	Response
	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 on 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	06/01 /2021
	Certified Title	GM
	Authorized Party Name	Dylan Loyd Benefield

Attachments

No Attachments.