

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005013073
 File Number:
 0000148733
 Submit Date:
 06/01/2021
 Call Sign:
 KPND
 Facility ID:
 5992
 City:

 DEER PARK
 State:
 WA

 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.	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BLUE SKY BROADCASTING, INC. Doing Business As: BLUE SKY BROADCASTING, INC.	327 MARION AVENUE SANDPOINT, ID 83864 United States	+1 (208) 263-2179	kimbenefield@blueskybroadcasting. com	COR

Contact Representatives	Contact Name	Address	Phone	Email		Contact Type
	Dylan Loyd Benefield BLUE SKY BROADCASTING, INC.	Dylan Loyd Benefield PO Box 83864-0061 Sandpoint, ID 83864 United States	+1 (208) 263- 2179	KIMBENEFIELD@I COM	BLUESKYBROADCASTING.	GM
	TIMOTHY z SAWYER CONSULTING ENGINEER tz sawyer	T Z SAWYER TECHNICAL CONSULTANTS 2130 HUTCHISON GROVE CT FALLS CHURCH, VA 22043 United States	+1 (703) 848- 2130	TZSAWYER@TZS	AWYER.COM	Technical Representative
Common Stations	Facility Identifier         5992         5989	Call Sign KPND KSPT	City DEER PARI SANDPOIN		<b>Time Brokerage Agreeme</b> No No	nt

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.