



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **24508-18** | Service: **DRT** | Call **KHSL-TV** | Channel:  
ID: | Sign:  
**18 (UHF)** | File **0000089802**  
Number:  
FRN: **0024763286** | Eligibility **Eligible** | Date **12/15**  
Status: | Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CALIFORNIA TV LICENSE COMPANY, LLC</b>	John M. Burgett Wiley Rein LLP 1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-4239	jburgett@wiley.law	Limited Liability Company

## Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Sam Hariton</b> <i>Widely</i>	Sam Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widely.com

**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	KHSL-TV DRT is planning to purchase a like-for-like transmitter and a like-for-like transmission line, and to reuse the existing antenna. The equipment will remain on the existing tower.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DT- Gateway- UHF
	Year	2014
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	235 W

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-1-P2R23
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	235 W
	Justification for New Transmitter	Re-tuning the existing main transmitter is not an option because the transmitter model is no longer in production and is not supported by the manufacturer.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No

	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Primary Transmitter-Other Expenses	Primary Transmitter-Other Expenses
Primary Transmitter - Mask Filter	Primary Transmitter - Mask Filter

**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	Retune Existing
	Antenna Use	Primary (Main)
	Ownership	Owned
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	No
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	PRTV
	ERP: (Effective Radiated Power) .....	4.3 kW
	Manufacturer	Kathrein Scala
	Model	2X2K723147
	Year	2014

**Primary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	

**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	

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Estimated Retuning Costs	Estimated Retuning Costs

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes



Primary  
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	7/8 inches
	Number of parallel runs	1
	Length	70 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	7/8 inches
	Number of parallel runs	1
	Length	70 feet per run
	Justification for New Transmission Line	The new main transmission line is required because 7 /16 DIN connectors for the existing transmission line are no longer available.
<b>Interior RF Systems</b>	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

**Outside  
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	254
	Explanation	KHSL-TV DRT does not have sufficient resource capacity and expertise in house to handle all of the reimbursement activities necessary to facilitate on-time completion of the station's build. KHSL-TV DRT will hire an outside firm to support KHSL-TV DRT.
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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
	Prepare Form 601	No
<b>Attorney and Other Outside Consulting Services</b>	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	Yes
	Quantity	1
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

If minor, not considered.

**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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?	No
	Does this relocation require Equipment Storage?	No
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**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
<b>Primary Transmitter UAXTE-1-P2R23</b>	<b>\$27,981.77</b>	<b>\$35,186.73</b>		<b>\$35,186.70</b>	
Primary Transmitter - Mask Filter	<i>\$1,850.00</i>	\$1,850.00	Please see KHSL-TV1 Primary Transmitter - Mask Filter Budget Revision Justification Letter	\$1,850.00	N/A
Primary Transmitter- Other Expenses	<i>\$1,831.77</i>	\$1,831.77	Please see Heartland Video Systems quote WISQ52524 plus shipping costs on invoice 66001	\$1,831.77	N/A
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$31,504.96	Estimated Cost Justification KHSL-TV1-110-Primary Transmitter - UHF Air Cooled Solid State, 160-300 W v0	\$31,504.93	N/A
<b>Sub-total</b>	<b>\$27,981.77</b>	<b>\$35,186.73</b>	N/A	<b>\$35,186.70</b>	N/A

<b>Total for all systems</b>	\$74,498.77	\$99,614.88	N/A	\$51,717.70	N/A
------------------------------	-------------	-------------	-----	-------------	-----

## Components

Actual Information	
Description	File Name
Primary Transmitter - Mask Filter	<p><b>Component Description:</b> DiElectric 600W PowerLite filter</p> <p><b>Amount:</b> \$1,850.00</p>
Primary Transmitter-Other Expenses	<p><b>Component Description:</b> CH.18 50ohm-494-500MHz Paralector</p> <p><b>Amount:</b> \$1,831.77</p>
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	<p><b>Component Description:</b> ULXTE-1 Transmitter</p> <p><b>Amount:</b> \$18,929.47</p> <p><b>Component Description:</b> Translator</p> <p><b>Amount:</b> \$3,110.73</p> <p><b>Component Description:</b> ULXTE-1 Transmitter</p> <p><b>Amount:</b> \$9,464.73</p>

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 2X2K723147	\$600.00	\$600.00		\$0.00	
Estimated Retuning Costs	<i>\$600.00</i>	\$600.00	Estimated cost per station engineer, pending quotes	N/A	N/A
Sub-total	\$600.00	\$600.00	N/A	\$0.00	N/A
Total for all systems	\$74,498.77	\$99,614.88	N/A	\$51,717.70	N/A

Components

Information not provided.



Cost  
Information

Transmission Line

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	\$770.00	\$1,073.15		\$1,073.15	
Flexible Foam Transmission Line - dielectric, 7/8"	\$770.00	\$1,073.15	Estimated Cost Justification KHSL-TV1-310-Primary Transmission Line - 7-8" Flexible Foam Dielectric v0	\$1,073.15	N/A
Sub-total	\$770.00	\$1,073.15	N/A	\$1,073.15	N/A
Total for all systems	\$74,498.77	\$99,614.88	N/A	\$51,717.70	N/A

Components

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 7/8"	<div>Component Description:7_8in Foam Transmission Line Coaxial</div> <div>Amount:\$1,073.15</div>

**Cost  
Information**

**Tower Equipment and Rigging Costs**

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
<b>Outside Professional Services</b>	<b>\$44,842.00</b>	<b>\$62,450.00</b>		<b>\$15,457.85</b>	
Attorney Fees - Negotiation of lease and other matters for shared locations	\$3,262.50	\$2,976.25	Please see KHSL-TV1 Attorney - Negotiation of Lease and Other Matters Budget Revision Justification Letter	\$2,976.25	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$4,491.25	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$4,491.25	see submitted invoices
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,280.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	N/A	N/A
Project management of the transition	\$26,797.00	\$41,910.00	Please see KHSL-TV LPTV strategic support quote	\$7,990.35	N/A

<b>Sub-total</b>	\$44,842.00	\$62,450.00	N/A	\$15,457.85	N/A
<b>Total for all systems</b>	\$74,498.77	\$99,614.88	N/A	\$51,717.70	N/A

## Components

Actual Information Description	File Name
Attorney Fees - Negotiation of lease and other matters for shared locations	<b>Component Description:</b> Professional Service Rendered
	<b>Amount:</b> \$452.50
	<b>Component Description:</b> KHSL-TV1-550-Attorney - Negotiation of Lease and Other Matters
	<b>Amount:</b> \$487.50
	<b>Component Description:</b> TC w/ J. Davis
	<b>Amount:</b> \$2,036.25
Prepare/ Review 399 reimbursement form	<b>Component Description:</b> Translator KHSL-DRT, Redding, CA
	<b>Amount:</b> \$975.00
	<b>Component Description:</b> Translator KHSL-DRT, Redding, CA
	<b>Amount:</b> \$1,706.25
	<b>Component Description:</b> Professional Service Rendered
	<b>Amount:</b> \$1,810.00
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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.																				
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.																				
Prepare request for Special Temporary Authorization	Information not provided.																				
Perform engineering study for displacement application	Information not provided.																				
Project management of the transition	<table> <tr> <td><b>Component Description:</b></td><td>Project Management</td></tr> <tr> <td><b>Amount:</b></td><td>\$26.50</td></tr> <tr> <td><b>Component Description:</b></td><td>Project Management</td></tr> <tr> <td><b>Amount:</b></td><td>\$156.25</td></tr> <tr> <td><b>Component Description:</b></td><td>Project Management</td></tr> <tr> <td><b>Amount:</b></td><td>\$1,793.55</td></tr> <tr> <td><b>Component Description:</b></td><td>Project Management</td></tr> <tr> <td><b>Amount:</b></td><td>\$65.00</td></tr> <tr> <td><b>Component Description:</b></td><td>Project management</td></tr> <tr> <td><b>Amount:</b></td><td>\$890.00</td></tr> </table>	<b>Component Description:</b>	Project Management	<b>Amount:</b>	\$26.50	<b>Component Description:</b>	Project Management	<b>Amount:</b>	\$156.25	<b>Component Description:</b>	Project Management	<b>Amount:</b>	\$1,793.55	<b>Component Description:</b>	Project Management	<b>Amount:</b>	\$65.00	<b>Component Description:</b>	Project management	<b>Amount:</b>	\$890.00
<b>Component Description:</b>	Project Management																				
<b>Amount:</b>	\$26.50																				
<b>Component Description:</b>	Project Management																				
<b>Amount:</b>	\$156.25																				
<b>Component Description:</b>	Project Management																				
<b>Amount:</b>	\$1,793.55																				
<b>Component Description:</b>	Project Management																				
<b>Amount:</b>	\$65.00																				
<b>Component Description:</b>	Project management																				
<b>Amount:</b>	\$890.00																				

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$209.50

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$1,376.85

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,404.15

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,136.05

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$253.75

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$678.75

---

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	\$305.00	\$305.00		\$0.00	
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$305.00	N/A	N/A	N/A
Sub-total	\$305.00	\$305.00	N/A	\$0.00	N/A
Total for all systems	\$74,498.77	\$99,614.88	N/A	\$51,717.70	N/A

Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$74,498.77	\$99,614.88
			\$51,717.70

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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	<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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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.

<p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Robert S. Prather , Jr. .</b>  <i>CEO, Allen Media Broadcasting, LLC</i></p> <p>12/15/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	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).	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Robert S. Prather , Jr. .</b>  <i>CEO, Allen Media Broadcasting, LLC</i></p> <p>12/15/2020</p>

Certification	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 style="list-style-type: none"> <li>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.</li> <li>2. 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>	

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.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
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.

**Robert S. Prather , Jr. .**  
*CEO, Allen Media Broadcasting, LLC*

12/15/2020



**Attachments**