

### (REFERENCE COPY - Not for submission)

# Change Main Studio/Control Point Location

 File Number: 000129350
 Submit Date: 12/03/2020
 Call Sign: KMTR
 Facility ID: 35189
 FRN: 0022745715
 State:

 Oregon
 City: EUGENE
 Eugene
 Service: DTV
 Purpose: Change Main Studio/Control Point Location
 Status: Received
 Status Date: 12/03/2020
 Status Date: 12/03/2020

 Filing Status:
 Active
 Status
 Status
 Status Date: 12/03/2020
 Status Date: 12/03/2020

General Information	Section	Question	Response
	Main Studio Location Compliance	The main studio location complies with 47 C.F.R. Section 73.1125.	Yes

#### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KMTR TELEVISION, LLC Doing Business As: KMTR TELEVISION, LLC	Larry Roberts 1660 Gulf Blvd., #702 Clearwater Beach, FL 33767 United States	+1 (208) 577- 0111	LARRY. ROBERTS@kmtrtv. com	Limited Liability Company

#### Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	<b>Scott R. Flick , Esq .</b> <i>FCC Counsel</i> Pillsbury Winthrop Shaw Pittman LLP	Scott R. Flick, Esq. 1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663- 8167	scott. flick@pillsburylaw.com	Legal Representative

Location	Section	Question	Response
	Main Studio Address	Country	US
		PO Box	
		Address Line 1	4575 Blanton Road
		Address Line 2	
		City	Eugene
		State	OR
		Zip Code	97405
		Phone	

# Control Point Location

Section	Question	Response
Control Point Address	Address Line 1	4575 Blanton Road
	Address Line 2	
	City	Eugene
	State	OR
	Zip Code	97405
	Phone	

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		I certify that this application includes all required and relevant attachments. I declare, under penalty of perjury, that I am an authorized	Yes Larry Roberts
		representative of the above-named applicant for the Authorization(s) specified above.	Sole member of licensee's sole member 12/03/2020

Information not provided.

## Attachments