

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0018346163** | File Number: **0000130439** | Submit Date: **01/04/2021** | Call Sign: **KEYB** | Facility ID: **1193** | City:
ALTUS | State: **OK**
Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/04/2021** | 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.	EEO REPORT - JANUARY 2021
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HIGH PLAINS RADIO NETWORK, LLC Doing Business As: HIGH PLAINS RADIO NETWORK, LLC	MONTE SPEARMAN 3219 QUINCY Plainview, TX 79072 United States	+1 (806) 777- 8542	MONTE@HPRNETWORK. COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
GARY GRAHAM TECHNICAL CONSULTANT GARY GRAHAM BROADCAST ENGINEERING	Gary Graham PO Box 3030 WEATHERFORD, TX 76086 United States	+1 (979) 255- 3615	ggbcste@aol. com	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
164095	KKRE	HOLLIS	OK	No
181077	KJOK	HOLLIS	OK	No
67312	KTAT	FREDERICK	OK	No
67311	KYBE	FREDERICK	OK	No
1193	KEYB	ALTUS	OK	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
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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	01/04/2021
Certified Title	Member
Authorized Party Name	MONTE SPEARMAN

Attachments

No Attachments.