

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0015120462
 File Number:
 0000131514
 Submit Date:
 01/19/2021
 Call Sign:
 KZRS
 Facility ID:
 37129
 City:

 GREAT BEND
 State:
 KS

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/19/2021
 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.	Rocking M Media, LLC 2021 EEO Program Report for General Stations Employment Unit	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ROCKING M MEDIA, LLC	Monte Miller 131 NORTH SANTA FE AVENUE SUITE 3 SALINA, KS 67401 United States	+1 (970) 309- 0643	MMMILLER@ROCKINGMRADIO. COM	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Christopher D. Imlay , Esq Communications Counsel	14356 Cape May Road Silver Spring, MD 20904- 6011	+1 (301) 384- 5525	chris@imlaylaw. com	Legal Representative
	Booth, Freret & Imlay, LLC	United States			

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
7990	KSOB	LARNED	KS	No
31895	KLEY	WELLINGTON	KS	No
31894	KWME	WELLINGTON	KS	No
37129	KZRS	GREAT BEND	KS	No
37126	KMMM	PRATT	KS	No
7991	KNNS	LARNED	KS	No
37120	KSMM-FM	LIBERAL	KS	No
36752	KSMM	LIBERAL	KS	No
31892	KKLE	WINFIELD	KS	No

Common Stations

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		íes
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			
	Certified Title			
	Authorized Party Name			

Attachments

No Attachments.