Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **56028-26** | Service: **DRT** | Call Sign: **KIDK** | Channel: **26 (UHF)**

File Number: **0000089487**

FRN: **0022840185** | Eligibility Status: **Eligible** | Date Submitted: **01/21/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **VISTAWEST MEDIA, LLC**<br>Doing Business As: VISTAWEST MEDIA, LLC | 2507 GENE FIELD ROAD<br>SAINT JOSEPH, MO 64506<br>United States | +1 (816) 390-5870 | lylel@vistawestmedia.com | Limited Liability Company |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|---|---|---|---|
| [Confidential] | | | |

## Preparer Contact Information

### Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|---|---|---|---|
| **James W DeChant**<br>*News-Press & Gazette Company* | 62990 O.B. Riley Road<br>Bend, OR 97701<br>United States | +1 (541) 480-5464 | jim.dechant@npgco.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 | Please see Transition Plan Description Exhibit |

## Transmitters

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

## Primary Transmitter

### Existing Transmitter Information

| Section | Question | Response |
|---|---|---|
| **Existing Transmitter Description** | 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 |
| **Existing Transmitter Manufacturer and Type** | Manufacturer | |
| | Model | AT7400 |
| | Year | 2011 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 400 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-3R37 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 1800 W |
| | Justification for New Transmitter | Please see Transition Plan Description Exhibit |

## 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 leashold improvement? | No |

## Primary Transmitter

### Other Transmitter Cost Not Listed

| Name | Description |
|---|---|
| **Transmitter Sales Tax** | Transmitter Sales Tax |
| **Mask Filter System** | Mask Filter System |
| **Transmitter Freight Charge** | Transmitter Freight Charge |

## 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 | Purchase New |
| | Antenna Use | Primary (Main) |
| | Ownership | Owned |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| **Existing Antenna Manufacturer and Type** | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 4.0 kW |
| | Manufacturer | |
| | Model | SL-8 |
| | Year | 2009 |

## Primary Antenna

### New Antenna Costs

| Section | Question | Response |
|---|---|---|
| **New Antenna Description** | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| **New Antenna Manufacturer and Types** | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | AL8-26 |
| | Year | 2020 |
| | Justification for New Antenna | Please see Transition Plan Description Exhibit |

## Primary Antenna

### Other Antenna Costs

| Section | Question | Response |
|---|---|---|
| **Elbow Complex** | Do you require the separate purchase of the Elbow Complex? | No |

| | | |
|---|---|---|
| **Side Mount Brackets** | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| **Pattern Scatter Analysis** | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| **Sweep Test** | Do you require the sweep testing of transmission line and antenna? | Yes |

## Primary Antenna

### Other Antenna Cost Not Listed

Information not provided.

## Transmission Line

| Section | Question | Response |
|---|---|---|
| **Transmission Line Related Expenses** | Do you have transmission line related expenses? | No |

## Tower Equipment And Rigging Costs

| Section | Question | Response |
|---|---|---|
| **Tower Equipment or Rigging Costs Changes** | Do you have tower equipment or rigging costs changes? | Yes |

## Primary Tower

### Existing Tower

| Section | Question | Response |
|---|---|---|
| **Existing Tower Description** | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Ownership | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | No |
| | Is tower documented for structural analysis? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| **Existing Tower Structure Registration** | Do you have a tower registration number? | Yes |
| | ASR Number | 1042948 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 43° 43' 16.0" N- |
| | Longitude (NAD83) | 111° 56' 33.0" W- |
| | Overall Structure Height | 303.15 feet |

| | |
|---|---|
| Support Structure Height | 299.87 feet |
| Ground Elevation Above Mean Sea Level (AMSL) | 4819.82 feet |
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | Titan Towers, L. P. |
| Date Constructed | 01/01/1982 |

**FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared**

| Facility ID | Call Sign | Service |
|---|---|---|
| 168284 | K22IK-D | LPT |

**Primary Tower**

**Tower Modification Costs**

| Section | Question | Response |
|---|---|---|
| **Engineering Study** | Please what type of engineering study is required, if any: | No study needed |
| **Tower Reinforcements** | Please select whether tower reinforcements are needed: | No reinforcements needed |

**Primary Tower**

**Tower Rigging Costs**

| Section | Question | Response |
|---|---|---|
| **Tower Rigging Costs** | Complex Tower | N/A |
| **Helicopter Services Required** | Are helicopter services required? | No |

**Primary Tower**

## Other Tower Expenses Not Listed

| Name | Description |
| --- | --- |
| **Rig Tower, perform tower site inspection** | Rig Tower, perform tower site inspection |

## Outside Professional Services Costs

| Section | Question | Response |
|---|---|---|
| **Outside Project Management Services** | Do you require outside project management services? | No |
| **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 | No |
| | Prepare Form 601 | No |
| **Attorney and Other Outside Consulting Services** | 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 | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Form 399 assistance or other program management costs | No |

| | | |
|---|---|---|
| **RF Field Engineering Services** | 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

| Name | Description |
|---|---|
| **Additional Displacement Legal Services Not Otherwise Specified in Form 399** | Additional Displacement Legal Services Not Otherwise Specified in Form 399 |

## Other Expenses

| Section | Question | Response |
|---|---|---|
| **AM Pattern Disturbance** | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| **Permit and Filing Costs** | FCC Construction Permit Major Change | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | No |
| **Other Miscellaneous Expenses** | 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 |
| **Point to Point Microwave (STL/ICR)** | 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 |
|---|---|---|---|---|---|
| **Primary Transmitter UAXTE-3R37** | **$102,297.16** | **$53,029.46** | | **$53,029.46** | |
| Mask Filter System | ***$11,562.44*** | $11,562.44 | Additional expenses were incurred as indicated in the attached invoices. | $11,562.44 | Additional expenses were incurred as indicated in the attached invoices. |
| Transmitter Freight Charge | ***$3,957.03*** | $3,957.03 | N/A | $3,957.03 | N/A |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | $84,000.00 | $34,732.30 | N/A | $34,732.30 | N/A |
| Transmitter Sales Tax | ***$2,777.69*** | $2,777.69 | N/A | $2,777.69 | N/A |
| **Sub-total** | $102,297.16 | $53,029.46 | N/A | $53,029.46 | N/A |
| **Total for all systems** | $185,316.03 | $82,898.33 | N/A | $70,422.83 | N/A |

### Components

| Actual Information Description | File Name |
|---|---|
| Mask Filter System | **Component Description:** Mask Filter<br>**Amount:** $11,562.44 |

| | | |
|---|---|---|
| Transmitter Freight Charge | **Component Description:**<br>**Amount:** | Freight<br>$3,957.03 |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | **Component Description:**<br>**Amount:** | Transmitter<br>$34,732.30 |
| Transmitter Sales Tax | **Component Description:**<br>**Amount:** | Sales Tax<br>$2,777.69 |

## 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 AL8-26** | **$10,363.87** | **$10,363.87** | | **$4,633.87** | |
| Sweep test of transmission line and antenna | $5,730.00 | $5,730.00 | N/A | N/A | N/A |
| UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal | ***$4,633.87*** | $4,633.87 | Additional expenses were incurred as indicated in the attached invoices. | $4,633.87 | Additional expenses were incurred as indicated in the attached invoices. |
| **Sub-total** | $10,363.87 | $10,363.87 | N/A | $4,633.87 | N/A |
| **Total for all systems** | $185,316.03 | $82,898.33 | N/A | $70,422.83 | N/A |

### Components

| Actual Information Description | File Name | |
|---|---|---|
| Sweep test of transmission line and antenna | Information not provided. | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 15.0kW input, Horizontal | **Component Description:**<br><br>**Amount:** | Low Power UHF Antenna plus Freight Cost<br>$4,633.87 |

## Cost Information

### Transmission Line

Information not provided.

## Cost Information

### Tower Equipment and Rigging Costs

**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 Tower TOWER** | **$58,552.50** | **$2,362.50** | | **$2,362.50** | |
| Tower Rigging Short Tower (less than 500') | $56,190.00 | $0.00 | N/A | N/A | N/A |
| Rig Tower, perform tower site inspection | ***$2,362.50*** | $2,362.50 | Additional expenses were incurred as indicated in the attached invoices | $2,362.50 | Additional expenses were incurred as indicated in the attached invoices |
| **Sub-total** | $58,552.50 | $2,362.50 | N/A | $2,362.50 | N/A |
| **Total for all systems** | $185,316.03 | $82,898.33 | N/A | $70,422.83 | N/A |

### Components

| Actual Information Description | File Name |
|---|---|
| Tower Rigging Short Tower (less than 500') | Information not provided. |

| | | |
|---|---|---|
| Rig Tower, perform tower site inspection | **Component Description:** | Mobilize, install top bracket on omni antenna on Guy Tower |
| | **Amount:** | $562.50 |
| | **Component Description:** | Mobilize, uninstall existing antenna and reinstall new antenna |
| | **Amount:** | $1,800.00 |

## 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 |
|---|---|---|---|---|---|
| **Outside Professional Services** | **$13,767.50** | **$16,807.50** | | **$10,397.00** | |
| Prepare/ Review 399 reimbursement form | $1,710.00 | $4,750.00 | Additional expenses were incurred as indicated in the attached invoices. | $4,750.00 | Additional expenses were incurred as indicated in the attached invoices. |
| Additional Displacement Legal Services Not Otherwise Specified in Form 399 | ***$2,500.00*** | $2,500.00 | N/A | $1,872.50 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | $1,577.50 | $1,577.50 | N/A | $684.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | $3,025.00 | $3,025.00 | N/A | $340.50 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | $1,052.50 | $1,052.50 | N/A | $250.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | $2,102.50 | $2,102.50 | N/A | $1,000.00 | N/A |
| Perform engineering study for displacement application | $1,800.00 | $1,800.00 | N/A | $1,500.00 | N/A |
| **Sub-total** | $13,767.50 | $16,807.50 | N/A | $10,397.00 | N/A |
| **Total for all systems** | $185,316.03 | $82,898.33 | N/A | $70,422.83 | N/A |

## Components

| Actual Information Description | File Name | |
|---|---|---|
| Prepare/ Review 399 reimbursement form | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $339.00 |
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $522.50 |

| | | |
|---|---|---|
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $110.00 |
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $550.00 |
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $274.00 |
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $622.00 |
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $237.00 |
| | **Component Description:** | Prepare/ Review 399 reimbursement form |
| | **Amount:** | $2,095.50 |
| Additional Displacement Legal Services Not Otherwise Specified in Form 399 | **Component Description:** | Additional Displacement Legal Services Not Otherwise Specified in Form 399 |
| | **Amount:** | $82.50 |

**Component Description:** Additional Displacement Legal Services Not Otherwise Specified in Form 399

**Amount:** $273.00

**Component Description:** Additional Displacement Legal Services Not Otherwise Specified in Form 399

**Amount:** $121.50

**Component Description:** Additional Displacement Legal Services Not Otherwise Specified in Form 399

**Amount:** $109.00

**Component Description:** Additional Displacement Legal Services Not Otherwise Specified in Form 399

**Amount:** $436.00

**Component Description:** Additional Displacement Legal Services Not Otherwise Specified in Form 399

**Amount:** $82.50

| | | |
|---|---|---|
| | **Component Description:** | Additional Displacement Legal Services Not Otherwise Specified in Form 399 |
| | **Amount:** | $877.00 |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | **Component Description:** | Prepare and file displacement license application |
| | **Amount:** | $684.00 |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | **Component Description:** | Prepare and file displacement construction permit |
| | **Amount:** | $340.50 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | **Component Description:** | Technical portion of license application |
| | **Amount:** | $250.00 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | **Component Description:** | Prepare engineering portion of displacement application |
| | **Amount:** | $1,000.00 |
| Perform engineering study for displacement application | **Component Description:** | UHF Channel Search |
| | **Amount:** | $1,500.00 |

## 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** | **$335.00** | **$335.00** | | **$0.00** | |
| FCC Filing Fees - Form 2100 license to cover application | $335.00 | $335.00 | N/A | N/A | N/A |
| **Sub-total** | $335.00 | $335.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $185,316.03 | $82,898.33 | N/A | $70,422.83 | N/A |

### Components

Information not provided.

## Cost Information

### Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|---|---|---|---|
| **Total for all systems** | $185,316.03 | $82,898.33 | $70,422.83 |

## Reimbursement Status

| Question | Response |
|---|---|
| The facility has ceased operating on its pre-auction channel. | No |
| Construction of final facilities or all necessary modifications are complete. | No |
| 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** | 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. | |
| | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>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. | |

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.

| | | |
|---|---|---|
| | 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. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **James W. DeChant**<br>*VP of Technology*<br><br>01/21/2021 |

## 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 IMPRISIONMENT (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). | |
| | 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.<br>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<br>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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.

| | | |
|---|---|---|
| | 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.<br>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. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **James W. DeChant**<br>*VP of Technology*<br><br>01/21/2021 |

## Attachments