

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0032784381** | File Number: **0000146583** | Submit Date: **05/21/2021** | Call Sign: **KYUN** | Facility ID: **164129** | City:  
**TWIN FALLS** | State: **ID**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/21/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	Iliad -Twin Falls EEO Program Report
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>ILIAD MEDIA TWIN FALLS, LLC</b> Doing Business As: ILIAD MEDIA TWIN FALLS, LLC	21369 HIGHWAY 30 TWIN FALLS, ID 83301 United States	+1 (208) 735-8300	joshe@iliadmg.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kathleen Victory FCC Counesl Fletcher Heald & Hildreth, PLC	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0473	victory@fhhlaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
28217	KIKX	KETCHUM	ID	No
164127	KTPZ	HAZELTON	ID	No
164129	KYUN	TWIN FALLS	ID	No
166021	KIRQ	HAILEY	ID	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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?	No

Additional  
Program Report  
Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Olga Espinoza	Business Manager

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	05/21 /2021
Certified Title	Manager
Authorized Party Name	Wendell M. Starke

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Iliad Twin 2019-2020 EEO Public File Report.PDF</u>	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and /or Conversion
<u>Iliad Twin EEO Public File Report 2020-2021.PDF</u>	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and /or Conversion
<u>Iliad-Twin narrative.PDF</u>	Applicant	Narrative Statement	narrative statement	Done with Virus Scan and /or Conversion