

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0030969554**

File Number: **0000148709**

Submit Date: **06/01/2021**

Call Sign: **KIVA**

Facility ID: **65257**

City:

**ALBUQUERQUE**

State: **NM**

Service: **Full Power AM**

Purpose: **EEO Report**

Status: **Received**

Status Date: **06/01/2021**

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 for KRSN
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
ROCK OF TALK LLC Doing Business As: ROCK OF TALK LLC	2309 RENARD PLACE SE, SUITE 204 ALBUQUERQUE, NM 87106 United States	+1 (505) 550-5500	ROCKOFTALK@ME.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Edward Joseph Aragon ROCK OF TALK LLC	2309 RENARD PLACE SE, SUITE 204 ALBUQUERQUE, NM 87106 United States	+1 (505) 550-5500	ROCKOFTALK@ME.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
12810	KRSN	LOS ALAMOS	NM	Yes
65257	KIVA	ALBUQUERQUE	NM	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?	No

Additional Program Report

Responsibility for Implementation

Questions

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
Edward Joseph Aragon	CEO

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	06/01 /2021
Certified Title	CEO
Authorized Party Name	Edward Joseph Aragon

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO Explanation Form - Copy.pdf</a>	Applicant	EEO Public File Report	Explanation of missing EEOs	Done with Virus Scan and/or Conversion
<a href="#">Inclusivity Statement.pdf</a>	Applicant	Narrative Statement	Statement of Inclusivity	Done with Virus Scan and/or Conversion