

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0006335806** File Number: **0000157096** Submit Date: **08/13/2021** Call Sign: **KUKN** Facility ID: **38378** City:

LONGVIEW State: WA

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 08/13/2021 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.	2021 EEO Program for License Renewal
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
WASHINGTON INTERSTATE BROADCASTING, INC. Doing Business As: WASHINGTON INTERSTATE BROADCASTING, INC.	PO Box 90 KELSO, WA 98626 United States	+1 (360) 636- 0110	fcclaw@rjhayes. com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
RICHARD J HAYES , jr . Attorney ATTORNEY AT LAW	RICHARD J HAYES, Jr 27 Waters Edge Drive Lincolnville, ME 04849 United States	+1 (207) 236-3333	fcclaw@rjhayes.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
70647	KLOG	KELSO	WA	No
38378	KUKN	LONGVIEW	WA	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

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
Joel Hanson	President

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	08/13 /2021
Certified Title	President
Authorized Party Name	Joel Hanson

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Washington Interstate Broadcasting Company.docx	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
Y191001 - WIBC 2018-2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and /or Conversion
Y201001 - WIBC 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and /or Conversion