

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 52887 Service: DCA Call KCNZ-CD Channel: 21 (UHF)

Sign: **0000028325**

Number:

ID:

File

FRN: **0026495465** Date **07/13**

Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|------------------------------------|---------------------------------|
| Poquito Mas Communications LLC Doing Business As: Poquito Mas Communications LLC | Randy Nonberg 15200 SUNSET BOULEVARD Suite 202 Pacific Palisades, CA 90272 United States | +1 (310) 573- 1600 | randynonberg@cnzcommunications.com | Limited Liability Company |

Reimbursement Contact Name and Information Reimbursement Contact Information

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

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|--|--|-----------------------|------------------------|
| Robert Wayne Jordan Engineer ACME RF INC | Robert Wayne Jordan 9851 CENTER DRIVE VILLA PARK, CA 92861 United States | +1 (714) 412- 1951 | rjordan@acmerf. 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. | Yes |
| Briefly describe transition plan | Current transmission system consists of a single transmitter feeding a flexible transmission line which connects to an antenna on the tower. Work includes tower study/rehabilitation to support new antenna, mounting antenna and replacing transmitter. |

Transmitters

| rs | 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) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter | Manufacturer | |
| Manufacturer and Type | Model | UTV2 |
| | Year | 2006 |
| | Туре | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 2 kW |

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 | TMU9-4 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2 kW |
| | Justification for New Transmitter | Existing transmitter cannot be converted to repacked channel per manufacturer and manufacturer is no longer in business. |

Primary Transmitter

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 2 inches |

| | Length | 50.0 feet |
|---|--|----------------------|
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Туре | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | Yes |
| | Size | 100.0 square feet |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter

Other Transmitter Cost Not Listed

Transmitter Information not provided.

Antennas

| Section | Question | Response |
|--------------------------|---------------------------------------|----------|
| Antenna Related Expenses | Do you have antenna related expenses? | Yes |

Existing Antenna Information

| Section | Question | Response |
|------------------------------|--|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | No |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna | Class | Class A |
| Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 4 |
| | Design power capacity in use | 25.0 % |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 700.00 MHz |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 15.0 kW |

| Manufacturer | |
|--------------|---------|
| Model | k723147 |
| Year | 2005 |

New Antenna Costs

| Section | Question | Response |
|-------------------------|--|--------------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna | Class | Full Power |
| Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 16 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 700.00 MHz |
| | Design power capacity in use | 10.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 350.0 kW |
| | Manufacturer | |
| | | 1 |

| Model | TUA-C3 4 /12 |
|-------------------------------|-----------------|
| | |
| Year | 2017 |
| Justification for New Antenna | Existing |
| | antenna |
| | has failed |
| | and is more |
| | cost |
| | effective to |
| | replace |
| | than to |
| | repair. It |
| | also cannot |
| | handle the |
| | expected |
| | power. |

Other Antenna Costs

| Section | Question | Response |
|--------------------------------|---|---------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Туре | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Broadband |
| | Feed Line Size | 3 1/8 inches inches |
| 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 |

Other Antenna Cost Not Listed

Information not provided.

| Transmission | effien | 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) |
| | Description of Use | N/A |
| | 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 | Do you have a tower registration number? | Yes |
| Registration | ASR Number | 1205149 |
| Coordinates (<u>NAD83</u> (North American Datum of 1983)) | Latitude (NAD83) | 37° 41' 14.4" N- |
| | Longitude (NAD83) | 122° 26' 05.3" W- |

| Overall Structure Height | 311.02 feet |
|--|------------------------------|
| Support Structure Height | 306.10 feet |
| Ground Elevation Above Mean Sea Level (AMSL) | 1255.89 feet |
| Structure Type | LTOWER - Lattice Tower |
| Tower Owner | American Towers, LLC. |
| Date Constructed | 03/02/2001 |

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 |
|-------------|-----------|---------|
| 22644 | KKPX-TV | DTV |
| 37511 | KTSF | DTV |

Primary Tower

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|---|
| Engineering Study | Please what type of engineering study is required, if any: | Study needed for undocumented /poorly documented tower |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | Minor 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

Information not provided.

Outside Professional

| Section | Question | Response |
|--|--|--|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 200 |
| | Explanation | Applicant has no internal resources capable of overseeing, identifying, purchasing, installing and commissioning this repack project. It will rely solely on outside services to manage all work required. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | 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 |
| | Quantity | N/A |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |

| | Terrain-Shielded Facility | N/A |
|--|--|-----|
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| Services | 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 |
| | Quantity | N/A |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | Yes |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside
Outside
Professional Services Expenses Not Listed
Professional Services © ostsided.

Other Expenses

| Section | Question | Response |
|---------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | Yes |
| | Non-zoning permits | Yes |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | Yes |
| | 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)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
| | Does this relocation require Equipment Storage? | Yes |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

Other Expenses Not Listed

Expenses 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 TMU9-4 | \$185,500.00 | \$177,550.00 | | \$87,662.22 | |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$1,300.00 | \$1,250.00 | N/A | N/A | N/A |
| Other Building Addition Size: 100.0 | \$20,000.00 | \$20,000.00 | Equipment room is cramped we assume some modification will be required to accommodate the new equipment | N/A | N/A |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$120,000.00 | N/A | \$87,662.22 | N/A |
| Sub-total | \$185,500.00 | \$177,550.00 | N/A | \$87,662.22 | N/A |
| Total for all systems | \$751,355.00 | \$715,975.00 | N/A | \$95,604.72 | N/A |

Components

| Actual Information | |
|---------------------------|-----------|
| Description | File Name |

| Switchgear - industrial 800 amp | Information not provided. | |
|---|---------------------------|---|
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. | |
| Other Building Addition Size: 100.0 | Information not provided. | |
| UHF - Air Cooled Solid State | | |
| Transmitter 1 - 2.5 kW | Component Description: | Invoice for the materials and products used in the installation of the R&S TMU9 Digital |
| | Amount: | \$4,426.59 |
| | Component Description: | Invoice for the installation of R&S TMU9 digita TV Transmitter at San Bruno, CA facility. |
| | Amount: | \$9,500.00 |
| | Component Description: | Transmitter and Filter Kit: TMU9-4 2.4KW UHF |
| | | (Quote, Purchase Order and Invoice). |
| | Amount: | \$73,735.63 |

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 TUA- C3 4/12 | \$205,570.00 | \$195,280.00 | | \$0.00 | |
| Elbow complex, broadband, at antenna input, per 3 1 /8. feedline (if needed) | \$9,340.00 | \$8,880.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, One station - 200- 500 kW, horizontally polarized | \$189,500.00 | \$180,000.00 | N/A | N/A | N/A |
| Sub-total | \$205,570.00 | \$195,280.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$751,355.00 | \$715,975.00 | N/A | \$95,604.72 | N/A |

Components

Information not provided.

Transmission Line Cost

Information 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 LTOWER | \$268,500.00 | \$255,000.00 | | \$0.00 | |
| Short Tower (less than 500') | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| Minor tower reinforcement /modifications | \$158,000.00 | \$150,000.00 | N/A | N/A | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$25,000.00 | N/A | N/A | N/A |
| Sub-total | \$268,500.00 | \$255,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$751,355.00 | \$715,975.00 | N/A | \$95,604.72 | N/A |

Components

Information not provided.

Cost Information

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| | | | Estimated | | |
|--|-----------------------------|-------------------|-----------------------|----------------|------------------------------|
| Description | Predetermined Cost Estimate | Estimated Cost | Cost Justification | Actual Cost | Actual Cost Justification |
| Outside Professional Services | \$60,790.00 | \$57,750.00 | | \$7,942.50 | |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | \$1,455.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$2,625.00 | N/A |
|--|--------------|--------------|-----|-------------|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$1,750.00 | N/A |
| Project management of the transition | \$31,600.00 | \$30,000.00 | N/A | \$1,500.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | \$612.50 | N/A |
| Sub-total | \$60,790.00 | \$57,750.00 | N/A | \$7,942.50 | N/A |
| Total for all systems | \$751,355.00 | \$715,975.00 | N/A | \$95,604.72 | N/A |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| Attorney Fees - Negotiation of lease and other matters for shared locations | Information not provided. |

| Attorney Fees -Prepare and File FCC Form 2100 (main), | Information not provided. | |
|---|---------------------------|---------------------|
| License to Cover Application | | |
| Attorney Fees - Prepare | | |
| and File FCC Form 2100 | Component Description: | Review, revise and |
| (main), Construction Permit | · | refile 399. |
| Application | Amount: | \$814.00 |
| | | |
| | Component Description: | Research status |
| | | and revise |
| | | application; |
| | | correspond with |
| | | FCC staff. |
| | Amount: | \$641.00 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Prepare engineering | | |
| section of FCC Form 2100 | | |
| (main), Construction Permit | Component Description: | Channel repack |
| Application | | plan and |
| • | | preparation of |
| | | construction permit |
| | Amazonati | exhibits. |
| | Amount: | \$2,625.00 |
| Perform engineering study | | |
| for new channel assignment and antenna development | Component Description: | Antenna |
| and antonna dovolopinont | | configuration, |
| | | transmission |
| | | system and |
| | | transmitter power |
| | | determination. |
| | Amount: | \$1,575.00 |
| | Component Description: | Quarterly progress |
| | 5 Simpononic Booonphoni | report. |
| | Amount: | \$175.00 |
| | | |

| Project management of the | | |
|--|---------------------------|--------------------|
| transition | Component Description: | Repack project |
| | | management |
| | | services. Research |
| | | and coordination |
| | | with engineering, |
| | | attorney, |
| | | equipment vendors |
| | | and site owner. |
| | | Included is the |
| | | name of the |
| | | person who |
| | | performed the |
| | | service. |
| | Amount: | \$1,500.00 |
| Prepare and or review reimbursement form | Information not provided. | |
| Address transition timing | | |
| and coordination issues w/ | Component Description: | Determination of |
| other stations and wireless | i i | transmitter power |
| | | needed at tower |
| | | locations Sutro |
| | | and Bruno. |
| | Amount: | \$87.50 |
| | Component Description: | Prepare CP and |
| | Component Description. | assist with 399 |
| | | |
| | | preparation and |
| | Amount | review. |
| | Amount: | \$525.00 |

Cost Information

Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| | Predetermined | Estimated | Estimated Cost | Actual | Actual Cost |
|--|---------------|-------------|-------------------|--------|---------------|
| Description | Cost Estimate | Cost | Justification | Cost | Justification |
| Other Expenses | \$30,995.00 | \$30,395.00 | | \$0.00 | |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| Local Zoning | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Non-zoning permits | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Equipment Storage | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |

| MVPD Notification of Channel Change | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
|--|--------------|--------------|-----|-------------|-----|
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$30,995.00 | \$30,395.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$751,355.00 | \$715,975.00 | N/A | \$95,604.72 | N/A |

Components

Information not provided.

Cost Information

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$751,355.00 | \$715,975.00 | \$95,604.72 |

| Reimbursem | envestiatus | 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 |

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.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 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 abovenamed applicant for the Authorization(s) specified above. Randy E Nonberg *Manager*

07/13/2018

Attachments