



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **66257** | Service: **DCA** | Call **K49ND-D** | Channel: **34 (UHF)** |
ID: | Sign:
File **0000025459**
Number:
FRN: **0013866462** | Date **12/12**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NPG OF IDAHO, INC. Doing Business As: NPG OF IDAHO, INC.	NPG of Idaho, Inc. 825 EDMOND ST ST. JOSEPH, MO 64501 United States	+1 (816) 271-8405	TIM. HANNAN@NPGCO. COM	Corporation

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
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
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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	PURCHASE AND INSTALL NEW ANTENNA, MASK FILTER, FEED LINE AND MASK FILTER. PURCHASE NEW TRANSMITTER TO MEET MAXIMIZATION REQUIREMENTS.

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)
	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 and Type	Manufacturer	
	Model	TXR-SX-2- U-C
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.28 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?	Yes
	Manufacturer	
	Model	UAXTE-4
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.1 kW
	Justification for New Transmitter	NPG HAS BEEN GRANTED MAXIMIZATION FOR THIS FACILITY AND IS ALSO CONSOLIDATING WITH OUR LPTV KXPI WAS DISPLACED BY K49ND-D. WE HAVE ELECTED TO COMBINE FACILITIES TO REDUCE THE COST OF CONSTRUCTION FOR BOTH FACILITIES. COMBINING REQUIRES A GREATER TPO.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No

	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Single-Phase, 208-240 Volts
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	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 leasehold improvement?	No
	Size	N/A
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**
Information not provided.

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)
	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?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	Parapanel
	ERP: (Effective Radiated Power)	0.8 kW
	Manufacturer	

Model	4DR-4-2HW
Year	2015

Primary
Antenna

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?	Yes
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	Parapanel
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	

Model	SFN-2030-2346-10 (E /P)
Year	2017
Justification for New Antenna	Existing antenna will only produce 656-862 mhz.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
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)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	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?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	42° 48' 25.0" N-
	Longitude (NAD83)	112° 29' 18.1" W-
	Overall Structure Height	60.00 feet

Support Structure Height	60.00 feet
Ground Elevation Above Mean Sea Level (AMSL)	7212.00 feet
Structure Type	LTOWER - Lattice Tower
Tower Owner	Teton Communications
Date Constructed	06/30/1980

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

Information not provided.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	595
	Explanation	K49ND-D requires the aid of Project Management services in order to fulfill the requirements of the re-pack transition.
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

	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	No
	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

Professional

Other Professional Services Expenses Not Listed

Services Costs

Name

Description

**Additional Repack Legal Services Not
Otherwise Specified in Form 399**

NON-CATALOG LEGAL SERVICES SUCH
AS REVIEW OF QUARTERLY
TRANSITION STATUS REPORTS AND
OTHER MISCELLANEOUS NON-
CATALOG LEGAL FEES

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	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	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?	No

Other Expenses	Other Expenses Not Listed Information not provided.
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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-4	\$126,000.00	\$123,000.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$123,000.00	N/A	N/A	N/A
Other Electrical Service: Single- Phase, 208- 240 Volts	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sub-total	\$126,000.00	\$123,000.00	N/A	\$0.00	N/A
Total for all systems	\$384,020.00	\$304,025.00	N/A	\$14,219.67	N/A

Components

Information not provided.

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 SFN- 2030-2346-10 (E/P)	\$33,030.00	\$30,600.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,600.00	N/A	N/A	N/A
Sub-total	\$33,030.00	\$30,600.00	N/A	\$0.00	N/A
Total for all systems	\$384,020.00	\$304,025.00	N/A	\$14,219.67	N/A

Components

Information not provided.

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 LTOWER	\$84,200.00	\$24,500.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$24,500.00	N/A	N/A	N/A
Sub-total	\$84,200.00	\$24,500.00	N/A	\$0.00	N/A
Total for all systems	\$384,020.00	\$304,025.00	N/A	\$14,219.67	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).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$123,990.00	\$118,675.00		\$14,219.67	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$2,000.00	du Treil, Lundin & Rackley, Inc. invoice 242335	\$2,000.00	Per invoices received
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$1,500.00	N/A	\$937.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$3,500.00	N/A	\$2,291.37	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$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	N/A	N/A
Project management of the transition	\$94,010.00	\$99,675.00	Please see attached quote from Widely.	\$6,000.55	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,429.25	N/A
Additional Repack Legal Services Not Otherwise Specified in Form 399	\$5,000.00	\$5,000.00	N/A	\$1,561.00	N/A
Sub-total	\$123,990.00	\$118,675.00	N/A	\$14,219.67	N/A
Total for all systems	\$384,020.00	\$304,025.00	N/A	\$14,219.67	N/A

Components

Actual Information
Description

File Name

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="710 168 1013 212">Component Description:</td><td data-bbox="1157 168 1300 246">Professional Services</td></tr> <tr> <td data-bbox="710 246 821 291">Amount:</td><td data-bbox="1157 246 1268 291">\$1,000.00</td></tr> <tr> <td data-bbox="710 392 1013 436">Component Description:</td><td data-bbox="1157 392 1364 627">Engineering study work for new channel assignment and antenna development.</td></tr> <tr> <td data-bbox="710 627 821 672">Amount:</td><td data-bbox="1157 627 1268 672">\$1,000.00</td></tr> </table>	Component Description:	Professional Services	Amount:	\$1,000.00	Component Description:	Engineering study work for new channel assignment and antenna development.	Amount:	\$1,000.00								
Component Description:	Professional Services																
Amount:	\$1,000.00																
Component Description:	Engineering study work for new channel assignment and antenna development.																
Amount:	\$1,000.00																
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="710 795 1013 840">Component Description:</td><td data-bbox="1157 795 1364 1030">ID Fish Creek-K49ND-Amend to spec change in antenna-Professional Services</td></tr> <tr> <td data-bbox="710 1030 821 1075">Amount:</td><td data-bbox="1157 1030 1252 1075">\$250.00</td></tr> <tr> <td data-bbox="710 1176 1013 1220">Component Description:</td><td data-bbox="1157 1176 1300 1254">Professional Services</td></tr> <tr> <td data-bbox="710 1254 821 1299">Amount:</td><td data-bbox="1157 1254 1252 1299">\$250.00</td></tr> <tr> <td data-bbox="710 1400 1013 1444">Component Description:</td><td data-bbox="1157 1400 1364 1635">Engineering study work for new channel assignment and antenna development.</td></tr> <tr> <td data-bbox="710 1635 821 1680">Amount:</td><td data-bbox="1157 1635 1252 1680">\$375.00</td></tr> <tr> <td data-bbox="710 1780 1013 1825">Component Description:</td><td data-bbox="1157 1780 1364 2016">Engineering study work for new channel assignment and antenna development.</td></tr> <tr> <td data-bbox="710 2016 821 2060">Amount:</td><td data-bbox="1157 2016 1236 2060">\$62.50</td></tr> </table>	Component Description:	ID Fish Creek-K49ND-Amend to spec change in antenna-Professional Services	Amount:	\$250.00	Component Description:	Professional Services	Amount:	\$250.00	Component Description:	Engineering study work for new channel assignment and antenna development.	Amount:	\$375.00	Component Description:	Engineering study work for new channel assignment and antenna development.	Amount:	\$62.50
Component Description:	ID Fish Creek-K49ND-Amend to spec change in antenna-Professional Services																
Amount:	\$250.00																
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Component Description:	Engineering study work for new channel assignment and antenna development.																
Amount:	\$375.00																
Component Description:	Engineering study work for new channel assignment and antenna development.																
Amount:	\$62.50																

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Charges for C.P. Filing and follow up. See "Invoices Cover Memo." \$2,291.37
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	Component Description: Amount:	Cost Reconciliation \$3,169.95
	Component Description: Amount:	Project Management \$1,250.80
	Component Description: Amount:	Project Managment \$1,579.80
Prepare and or review reimbursement form	Component Description: Amount:	Review C.P related issues 2017 \$1,429.25

Additional Repack Legal
Services Not Otherwise
Specified in Form 399

Component Description:	Non-Catalog Legal Services such as review of quarterly transition status reports and other miscellaneous non-catalog legal fees.
Amount:	\$37.12

Component Description:	Repack legal services
Amount:	\$852.30

Component Description:	Repack legal services
Amount:	\$324.80

Component Description:	Repack Legal Services
Amount:	\$27.84

Component Description:	Repack Legal Services
Amount:	\$27.84

Component Description:	Repack legal services
Amount:	\$139.20

Component Description:	Repack legal services
Amount:	\$151.90

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	\$16,800.00	\$7,250.00		\$0.00	
Develop and air announcement of upcoming channel change	<i>\$750.00</i>	\$750.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$16,800.00	\$7,250.00	N/A	\$0.00	N/A
Total for all systems	\$384,020.00	\$304,025.00	N/A	\$14,219.67	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$384,020.00	\$304,025.00
			\$14,219.67

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	<p>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.</p>	
		<ol style="list-style-type: none"> 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.

<p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>James W. DeChant <i>VP of Technology</i></p> <p>12/12/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>James W. DeChant <i>VP of Technology</i></p> <p>12/12/2018</p>

Attachments