

(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000006564 Submit Date: 11/25/2015 Call Sign: KTSC Facility ID: 69170 FRN: 0001615582 State

Colorado City: PUEBLO

Service: DTV Purpose: Annual Ancillary/Supplemental Service Report Status: Received Status Date: 11/25/2015

Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ROCKY MOUNTAIN PUBLIC BROADCASTING NETWORK, INC. Doing Business As: ROCKY MOUNTAIN PUBLIC BROADCASTING NETWORK, INC.	Compliance 1089 BANNOCK STREET DENVER, CO 80204 United States	+1 (303) 892-6666	compliance@rmpbs. org	Not-for- Profit

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Tom D Craig CHIEF TECHNOLOGY OFFICER Rocky Mountain Public Broadcasting Network, Inc.	Compliance 1089 Bannock Street Denver, CO 80204 United States	+1 (303) 892-6666	TOMCRAIG@RMPBS. ORG	Technical Representative
TODD GRAY ATTORNEY GRAY MILLER PERSH LLP	1200 NEW HAMPSHIRE AVE, NW Suite 410 WASHINGTON, DC 20036 United States	+1 (202) 776-2571	tgray@graymillerpersh. com	Legal Representative

Ancillary /Supplementary Services

Ancillary/Supplementary Services Provided. Briefly describe below the service provided; the amount of gross revenues received therefrom and the amount of DTV bitstrearm used to provide such service.

Description of Service	Gross Revenues (\$)	Bitstream Used
UPDATE TV (FIRMWARE UPDATE SERVICE)	0.0	.10
AUDIO INFORMATION NETWORK OF COLORADO - AINC (NEWS FOR THE VISUALLY IMPAIRED)	0.0	.13
Total amount of gross revenues derived from feeable ancillary or supplementary services:		\$ 0.0
The Annual DTV Service Fee which is 5 percent of the total of gross Revenue is:		\$ 0.0

Certification

e Applicant waives any claim to the use of any particular quency or of the electromagnetic spectrum as against the ulatory power of the United States because of the vious use of the same, whether by authorization or erwise, and requests an Authorization in accordance with application (See Section 304 of the Communications Act 1934, as amended.). Applicant certifies that neither the Applicant nor any er party to the application is subject to a denial of Federal nefits pursuant to §5301 of the Anti-Drug Abuse Act of 38, 21 U.S.C. §862, because of a conviction for	
er party to the application is subject to a denial of Federal nefits pursuant to §5301 of the Anti-Drug Abuse Act of 38, 21 U.S.C. §862, because of a conviction for	
ssession or distribution of a controlled substance. This tification does not apply to applications filed in services empted under §1.2002(c) of the rules, 47 CFR. See §1.02(b) of the rules, 47 CFR §1.2002(b), for the definition of rty to the application" as used in this certification §1.2002. The Applicant certifies that all statements made in this olication and in the exhibits, attachments, or documents or	
ILURE TO SIGN THIS APPLICATION MAY RESULT IN SMISSAL OF THE APPLICATION AND FORFEITURE ANY FEES PAID on grant of this application, the Authorization Holder may subject to certain construction or coverage requirements. Iture to meet the construction or coverage requirements result in automatic cancellation of the Authorization. Insult appropriate FCC regulations to determine the instruction or coverage requirements that apply to the type Authorization requested in this application. LLFUL FALSE STATEMENTS MADE ON THIS FORM ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND REMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR VOCATION OF ANY STATION AUTHORIZATION (U.S. de, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. de, Title 47, §503).	
ertify that this application includes all required and evant attachments.	Yes
eclare, under penalty of perjury, that I am an authorized resentative of the above-named applicant for the chorization(s) specified above.	Douglas M. Price CEO 11/25/2015
	mpted under §1.2002(c) of the rules, 47 CFR . See §1. 2(b) of the rules, 47 CFR §1.2002(b), for the definition of rty to the application" as used in this certification §1.2002. The Applicant certifies that all statements made in this dication and in the exhibits, attachments, or documents or porated by reference are material, are part of this dication, and are true, complete, correct, and made in diffaith. **LURE TO SIGN THIS APPLICATION MAY RESULT IN MISSAL OF THE APPLICATION AND FORFEITURE ANY FEES PAID on grant of this application, the Authorization Holder may subject to certain construction or coverage requirements. The understand the construction of the Authorization. Insult appropriate FCC regulations to determine the struction or coverage requirements that apply to the type authorization requested in this application. **LIFUL FALSE STATEMENTS MADE ON THIS FORM ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND ANY ATTACHMENTS AND STATION AUTHORIZATION (U.S. de, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. de, Title 47, §503). **Title 47, §503).** **Title 47, §503).** **Title 47, §503).** **Title 47, §503).**

Attachments

Information not provided.