



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **52280** | Service: **DTV** | Call **WAOE** | Channel:  
ID: | Sign:  
**10 (High VHF)** | File **0000028264**  
Number:  
FRN: **0005944368** | Date **04/13**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant                       | Address   | Phone             | Email            | Applicant Type            |
|---------------------------------|---|-------------------|------------------|---------------------------|
| <b>FOUR SEASONS PEORIA, LLC</b> | 5670 WILSHIRE BOULEVARD, SUITE 1620<br>LOS ANGELES, CA 90036<br>United States | +1 (323) 965-5400 | FORM399@LOOP.COM | Limited Liability Company |

## 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 |
|----------|----------|
|----------|----------|

|  |  |
|--|--|
| 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   | The plan is for WAOE to replace the existing channel 39 system with a new channel 33 transmitter and combiner module. The antenna and transmission line will not change. |

## Transmitters

| Section                             | Question                                  | Response |
|-------------------------------------|---|----------|
| <b>Transmitter Related Expenses</b> | Do you have transmitter related expenses? | Yes      |

**Primary  
Transmitter**

**Existing Transmitter Information**

| Section   | Question   | Response          |
|---|--|-------------------|
| <b>Existing Transmitter<br/>Description</b>           | Type of change   | Purchase<br>New   |
|   | Use  | Primary<br>(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               |
| <b>Existing Transmitter<br/>Manufacturer and Type</b> | Manufacturer   |                   |
|   | Model  | 832A DT           |
|   | Year   | 1998              |
|   | Type   | Solid State       |
|   | Solid State Cooling  | Air Cooled        |
|   | Solid State Power Capacity                                 | 1 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                                     | TMU9-2   |
|                 | Transmitter Type                          | Solid State  |
|                 | Solid State Cooling                       | Air Cooled   |
|                 | Solid State Power capacity                | 1.2 kW   |
|                 | Justification for New Transmitter         | This transmitter is a like-for-like transmitter swap. The difference in power level is due to the method Rohde & Schwarz uses for rating their transmitters. |

**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  | Yes  |
|  | Size  | 2 inches   |
|  | Length  | 20.0 feet  |
|  | Other Electrical Service  | Yes  |
|  | Description   | The new main transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors. |
| <b>HVAC Service</b>  | Does the replacement transmitter require HVAC Service?  | Yes  |
|  | Type  | Cooling Only   |
|  | Size  | 10 tons  |
|  | Other Size  | N/A  |
| <b>Transmitter Building Addition/Modification or Leasehold Improvement</b> | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No   |
|  | Size  | N/A  |
| <b>Channel 14 Costs</b>  | 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<br>Description           | Type of change   | Retune<br>Existing |
|   | Antenna Use  | Primary<br>(Main)  |
|   | Description of Use   | N/A                |
|   | Ownership  | Leased             |
|   | Owner  | WEEK-TV            |
|   | Site   | N/A                |
|   | Is the existing antenna shared with another station or stations? | Yes                |
|   | Is the existing antenna directional?                             | No                 |
|   | Is antenna in operating condition?                               | Yes                |
|   | Is antenna located on or in close proximity to an antenna farm?  | No                 |
| Existing Antenna<br>Manufacturer and Type | Class  | Full Power         |
|   | Mounting   | Top Mount          |
|   | Antenna position in stack  | Not in Stack       |
|   | Polarization   | Horizontal         |
|   | Type   | Slotted<br>Coaxial |
|   | 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                       | N/A                     |
| ERP: (Effective Radiated Power)<br>..... | 26.0 kW                 |
| Manufacturer                             | Dielectric              |
| Model                                    | TUA-O4-16<br>/64H-1-T-R |
| Year                                     | 2009                    |

**Facility ID's and Call Signs of  
all stations with whom the  
antenna is shared.**

| Facility ID | Call Sign |
|-------------|-----------|
| 24801       | WEEK-TV   |

**Primary  
Antenna**

**Adjustment to Existing Antenna**

| Section                               | Question                                      | Response |
|---------------------------------------|---|----------|
| <b>Sweep Test of Existing Antenna</b> | Do you need a sweep test of existing antenna? | Yes      |

**Primary  
Antenna**

**Other Antenna Costs**

| Section                            | Question                                     | Response          |
|------------------------------------|--|-------------------|
| <b>Combiner for Shared Antenna</b> | Do you need a Combiner for a Shared Antenna? | Yes               |
|                                    | Type   | Additional Module |
|                                    | Number of channels supported                 | 2                 |
|                                    | Frequencies of channels supported            | RF channel        |
|                                    | Frequency                                    | N/A               |

**Enter a list of RF channel  
numbers.**



| RF Channel Number |
|-------------------|
| 33                |
| 25                |

**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? | No       |

**Outside Professional Services Costs**

| Section                                    | Question   | Response  |
|--|--|---|
| Outside Project Management Services        | Do you require outside project management services?                          | Yes   |
|  | Number of Hours  | 2000  |
|  | Explanation  | WAOE does not have sufficient resource capacity and expertise in house to handle all of the Project Management related tasks necessary to facility on-time completion of the station's build by the Construction Deadline |
| 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 |
| <b>Attorney and Other Outside Consulting Services</b> | Prepare and file Form FCC Construction Permit Application            | No  |
|   | For Auxiliary Facility   | N/A |
|   | For Main Facility  | N/A |
|   | 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 |
|   |  |     |
|   |  |     |

|                                      |  |                        |
|--------------------------------------|--|------------------------|
| <b>RF Field Engineering Services</b> | Prepare or Review FCC Form 399 for Reimbursement   | Yes                    |
|                                      | Address transition timing and coordination issues w/ other stations and wireless providers | Yes                    |
|                                      | Comprehensive coverage verification via field study  | Yes                    |
|                                      | RF exposure measurements   | No                     |
|                                      | Additional Field Engineering Service   | Yes                    |
|                                      | Number of Days   | 8                      |
|                                      | Justification  | RF Project management. |

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services provided.

## Other Expenses

| Section                             | Question   | Response |
|-------------------------------------|--|----------|
| <b>AM Pattern Disturbance</b>       | Is an Impact Study needed?   | No       |
|                                     | Is Remediation needed?   | No       |
| <b>Facility Expenses</b>            | 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      |
| <b>Permit and Filing Costs</b>      | Local Zoning   | No       |
|                                     | Non-zoning permits   | No       |
|                                     | BLM or NFS Coordination  | No       |
|                                     | FCC Construction Permit Minor Change   | Yes      |
|                                     | FCC License to Cover Application   | Yes      |
|                                     | FCC Special Temporary Authority Application  | No       |
| <b>Other Miscellaneous Expenses</b> | 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      |

|                       |   |
|-----------------------|---|
| <b>Other Expenses</b> | <b>Other Expenses Not Listed</b><br>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<br>Cost Estimate | Estimated<br>Cost | Estimated<br>Cost<br>Justification | Actual<br>Cost | Actual Cost<br>Justification |
|--|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmitter TMU9-2   | \$185,420.00                   | \$177,500.00      |                                    | \$0.00         |                              |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW  | \$126,000.00                   | \$120,000.00      | N/A                                | N/A            | N/A                          |
| 2" Rigid Conduit and Wiring (Cost per foot)  | \$520.00                       | \$500.00          | N/A                                | N/A            | N/A                          |
| Other Electrical Service: The new main transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors. | \$20,000.00                    | \$20,000.00       | N/A                                | N/A            | N/A                          |
| 10 Ton system  | \$38,900.00                    | \$37,000.00       | N/A                                | N/A            | N/A                          |
| Sub-total  | \$185,420.00                   | \$177,500.00      | N/A                                | \$0.00         | N/A                          |
| Total for all systems  | \$1,023,475.00                 | \$742,045.00      | N/A                                | \$3,372.85     | 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 TUA-O4-16/64H-1-T-R   | \$337,930.00                | \$86,400.00    |                              | \$0.00      |                           |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | \$247,000.00                | \$0.00         | N/A                          | N/A         | N/A                       |
| Adding a module to existing combiner (without antenna)                                | \$84,200.00                 | \$80,000.00    | N/A                          | N/A         | N/A                       |
| Sweep test of existing antenna  | \$6,730.00                  | \$6,400.00     | N/A                          | \$0.00      | N/A                       |
| Sub-total   | \$337,930.00                | \$86,400.00    | N/A                          | \$0.00      | N/A                       |
| Total for all systems   | \$1,023,475.00              | \$742,045.00   | N/A                          | \$3,372.85  | N/A                       |

Components

| Actual Information Description  | File Name                 |
|---|---------------------------|
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | Information not provided. |

|  |                               |                        |
|--|-------------------------------|------------------------|
| Adding a module to existing combiner (without antenna) | Information not provided.     |                        |
| Sweep test of existing antenna                         | <b>Component Description:</b> | Sweep antenna and line |
|  | <b>Amount:</b>                | \$1,300.00             |

**Information** Information not provided.

**Information** Information not provided.

|                    |  |
|--------------------|--|
| <b>Information</b> | 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   | \$440,130.00                | \$418,750.00   |                              | \$3,372.85  |                           |
| Additional Field Engineering Service, 8 Days  | \$16,000.00                 | \$16,000.00    | N/A                          | N/A         | N/A                       |
| Comprehensive coverage verification via field study, if needed                      | \$84,200.00                 | \$80,000.00    | N/A                          | N/A         | N/A                       |
| 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                       |

|  |                       |                     |            |                   |            |
|--|-----------------------|---------------------|------------|-------------------|------------|
| 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        | \$0.00            | N/A        |
| Perform engineering study for new channel assignment and antenna development         | \$7,360.00            | \$7,000.00          | N/A        | \$0.00            | 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   | \$316,000.00          | \$300,000.00        | N/A        | \$2,377.65        | N/A        |
| Prepare and or review reimbursement form   | \$2,630.00            | \$2,500.00          | N/A        | \$995.20          | N/A        |
| <b>Sub-total</b>   | <b>\$440,130.00</b>   | <b>\$418,750.00</b> | <b>N/A</b> | <b>\$3,372.85</b> | <b>N/A</b> |
| <b>Total for all systems</b>   | <b>\$1,023,475.00</b> | <b>\$742,045.00</b> | <b>N/A</b> | <b>\$3,372.85</b> | <b>N/A</b> |

## Components

| Actual Information   |   |
|--|---|
| Description  | File Name   |
| Additional Field Engineering Service, 8 Days   | Information not provided.   |
| Comprehensive coverage verification via field study, if needed                       | Information not provided.   |
| Attorney Fees - Negotiation of lease and other matters for shared locations          | Information not provided.   |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application   | Information not provided.   |
| 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 Application | <p><b>Component Description:</b> Prepare engineering section of FCC Form 2100 CP app.</p> <p><b>Amount:</b> \$1,350.00</p>                          |
| Perform engineering study for new channel assignment and antenna development         | <p><b>Component Description:</b> Perform engineering study for new channel assignment and antenna development.</p> <p><b>Amount:</b> \$1,350.00</p> |
| Address transition timing and coordination issues w/ other stations and wireless     | Information not provided.   |
| Project management of the transition   |   |

|                               |  |
|-------------------------------|--|
| <b>Component Description:</b> | Technical ,<br>Consultation and<br>Planning Services.<br>Technical ,<br>Consultation and<br>Planning Services<br>with Sam Hariton<br>(Widelity). |
| <b>Amount:</b>                | \$75.00  |

|                               |                       |
|-------------------------------|-----------------------|
| <b>Component Description:</b> | Project<br>Management |
| <b>Amount:</b>                | \$557.75              |

|                               |  |
|-------------------------------|--|
| <b>Component Description:</b> | Technical,<br>Consultation and<br>Planning Services. |
| <b>Amount:</b>                | \$54.60  |

|                               |                            |
|-------------------------------|----------------------------|
| <b>Component Description:</b> | Project<br>Management Fees |
| <b>Amount:</b>                | \$760.70                   |

|                               |  |
|-------------------------------|--|
| <b>Component Description:</b> | Technical,<br>Consultation and<br>Planning Services. |
| <b>Amount:</b>                | \$54.60  |

|                               |                        |
|-------------------------------|------------------------|
| <b>Component Description:</b> | Project<br>Management. |
| <b>Amount:</b>                | \$684.20               |

|                               |  |
|-------------------------------|--|
| <b>Component Description:</b> | Technical,<br>Consultation and<br>Planning Services. |
| <b>Amount:</b>                | \$54.60  |

|                               |   |
|-------------------------------|---|
| <b>Component Description:</b> | Technical ,<br>Consultation and<br>Planning Services. |
| <b>Amount:</b>                | \$75.00   |

|                               |  |
|-------------------------------|--|
| <b>Component Description:</b> | Technical ,<br>Consultation and<br>Planning Services.<br>Review and<br>answering<br>technical questions<br>through a<br>telephone<br>conference call for<br>the follow up report<br>for the Re-pack. |
| <b>Amount:</b>                | \$75.00  |

|                               |                                     |
|-------------------------------|-------------------------------------|
| <b>Component Description:</b> | Re-pack consulting<br>and updating. |
| <b>Amount:</b>                | \$75.00                             |

|                               |   |
|-------------------------------|---|
| <b>Component Description:</b> | Technical ,<br>Consultation and<br>Planning Services.<br>Attended a<br>Conference at<br>Rohde and<br>Schwartz on 3/6<br>/2017 concerning<br>the 399 re-pack<br>documentation. |
| <b>Amount:</b>                | \$75.00   |

|                               |  |
|-------------------------------|--|
| <b>Component Description:</b> | Technical,<br>Consultation and<br>Planning Services. |
| <b>Amount:</b>                | \$136.50   |

|  |  |
|--|--|
|  | <b>Component Description:</b> Technical, Consultation and Planning Services.<br><b>Amount:</b> \$54.60   |
| Prepare and or review reimbursement form | <b>Component Description:</b> Budget Review and Form Prep<br><b>Amount:</b> \$462.85<br><br><b>Component Description:</b> Budget review and form prep<br><b>Amount:</b> \$422.10<br><br><b>Component Description:</b> Budget Review<br><b>Amount:</b> \$110.25 |



## 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 |
|--|-----------------------------|--------------------|------------------------------|---------------|---------------------------|
| <b>Other Expenses</b>  | <b>\$59,995.00</b>          | <b>\$59,395.00</b> |                              | <b>\$0.00</b> |                           |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$10,000.00</i>          | \$10,000.00        | N/A                          | N/A           | N/A                       |
| DTV Medical Facility Notification  | \$11,550.00                 | \$11,000.00        | N/A                          | N/A           | N/A                       |
| 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                       |
| Equipment Delivery and Handling Charges                                  | <i>\$10,000.00</i>          | \$10,000.00        | N/A                          | N/A           | N/A                       |
| Equipment Storage  | <i>\$10,000.00</i>          | \$10,000.00        | N/A                          | N/A           | N/A                       |
| Develop and air announcement of upcoming channel change                  | <i>\$15,000.00</i>          | \$15,000.00        | N/A                          | N/A           | N/A                       |

|  |                   |              |     |            |     |
|--|-------------------|--------------|-----|------------|-----|
| MVPD<br>Notification of<br>Channel<br>Change | <b>\$2,000.00</b> | \$2,000.00   | N/A | N/A        | N/A |
| <b>Sub-total</b>                             | \$59,995.00       | \$59,395.00  | N/A | \$0.00     | N/A |
| <b>Total for all<br/>systems</b>             | \$1,023,475.00    | \$742,045.00 | N/A | \$3,372.85 | N/A |

## Components

Information not provided.

|                         |                              |                                    |                       |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| <b>Cost Information</b> | <b>Grand Total</b>           |                                    |                       |
|                         |                              | <b>Predetermined Cost Estimate</b> | <b>Estimated Cost</b> |
|                         |                              |                                    | <b>Actual Cost</b>    |
|                         | <b>Total for all systems</b> | \$1,023,475.00                     | \$742,045.00          |
|                         |                              |                                    | \$3,372.85            |

|                             |  |                 |
|-----------------------------|--|-----------------|
| <b>Reimbursement Status</b> | <b>Question</b>  | <b>Response</b> |
|                             | 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 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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol> |          |

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><b>LAWRENCE<br/>ROGOW</b><br/><i>MANAGER</i></p> <p>04/13/2018</p> |

## Attachments