Approved by OMB (Office of Management and Budget) 3060-0906
May 2015

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: **0000006345** | Submit Date: **11/23/2015** | Call Sign: **WYPX-TV** | Facility ID: **13933** | FRN: **0030297451**
State: **New York** | City: **AMSTERDAM**
Service: **DTV** | Purpose: **Annual Ancillary/Supplemental Service Report** | Status: **Received** | Status Date: **11/23/2015**
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
ION MEDIA ALBANY LICENSE, INC. Doing Business As: ION MEDIA ALBANY LICENSE, INC.	Bianca Frye 601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401 United States	+1 (561) 682-4110	BIANCAFRYE@IONMEDIA.COM	Corporation

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
Shea Clark *Senior Director, Systems Support* ION Media Networks, Inc.	Shea Clark 14444 66th Street N Clearwater, FL 33764 United States	+1 (727) 533-2708	sheaclark@ionmedia.com	Technical Representative
Michael Hubner ION Media Networks, Inc.	Michael S. Hubner 810 Seventh Avenue 31st Floor New York, NY 10019 United States	+1 (212) 603-8407	michaelhubner@ionmedia.com	Legal Representative

Ancillary /Supplementary Services

Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID** Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**MICHAEL S HUBNER** *SECRETARY* 11/23/2015

Attachments

Information not provided.