

Federal Communications Commission

#### (REFERENCE COPY - Not for submission)

# Annual DTV Ancillary/Supplementary Services Report

 File Number:
 000006596
 Submit Date:
 11/25/2015
 Call Sign:
 KNDO
 Facility ID:
 12395
 FRN:
 0001582816
 State:

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

 Filing Status:
 Active
 Status:
 Status
 Status
 Status
 Status

 General Information
 Section
 Question
 Response

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

### Applicant Name, Type, and Contact Information

#### Applicant Information

Applicant	Address	Phone	Email	Applicant Type
KHQ, INCORPORATED	PO Box 600	+1 (509) 448-	khq.inc@khq.	Corporation
Doing Business As: KHQ,	SPOKANE, WA	6000	com	
INCORPORATED	99210			
	United States			

#### 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	Contact Name	Address	Phone	Email	Contact Type
Representatives (2)	MARK KENNEDY DIRECTOR OF ENGINEERING KHQ, Incorporated	1608 S. 24TH AVE YAKIMA, WA 98902 United States	+1 (509) 225-2352	MARK. KENNEDY@KNDO. COM	Technical Representative
	<b>DAVID H. PAWLIK , ESQ</b> SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP	1440 NEW YORK AVENUE, NW WASHINGTON, DC 20005 United States	+1 (202) 371-7044	DAVID. PAWLIK@SKADDEN. COM	Legal Representative

Ancillary	Call Sign	City	State	Licensee
/Supplementary Services	KNDU	RICHLAND	WA	KHQ, INCORPORATED
	K35BW-D	LEWISTON	ID	KHQ, INCORPORATED
	K48DX-D	SANDPOINT	ID	KHQ, INCORPORATED
	K18DT-D	COEUR D'ALENE	ID	KHQ, INCORPORATED
	KHQ-TV	SPOKANE	WA	KHQ, INCORPORATED

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	Patricia McRae President 11/25/2015

Information not provided.

## Attachments