

Children's Television Programming Report

 FRN:
 0026720714
 File Number:
 0000007764
 Submit Date:
 01/11/2016
 Call Sign:
 KVUI
 Facility ID:
 78910
 City:

 POCATELLO
 State:
 ID
 State:
 ID
 State:
 State:

Report reflects information for : Fourth Quarter of 2015

General	Section	Question	Response
Information	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
BUCKALEW MEDIA, INC. Doing Business As: BUCKALEW MEDIA, INC.	8408 SWEETNESS LANE AUSTIN, TX 78750 United States	+1 (512) 917- 2413	BOB@BUCKALEWMEDIA. COM	Company

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	DAN J. Alpert <i>Legal Counsel</i> THE LAW OFFICE OF DAN J. ALPERT	2120 N. 21ST RD. ARLINGTON, VA 22201 United States	+1 (703) 243- 8690	DJA@COMMLAW. TV	Legal Representative

Children's	Section	Question Response	
Television Information	Station Type	ion Type Station Type Independent	
		Affiliated network THIS TV	
		Nielsen DMA Idaho Fals-Poca	tllo(Jcksn)
		Web Home Page Address	
Digital Core	Question		Response
Programming	State the average number of hours of Core Programming per week broadcast by the station on its main program stream		
	State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream		
	State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:		
	Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673?		
	Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program		

stream) did not consist of program episodes that had already aired within the previous seven days either on the

station's main program stream or on another of the station's free digital program streams?

Digital Core Programs(1)

Digital Core Program (1 of 1)	Response
Program Title	station off air
Origination	Local
Days/Times Program Regularly Scheduled	none
Total times aired at regularly scheduled time	0
Total times aired	0
Number of Preemptions	0
Number of Preemptions for other than Breaking News	0
Number of Preemptions Rescheduled	0
Length of Program	0 mins
Age of Target Child Audience	0 years to 0 years
Describe the educational and informational objective of the program and how it meets the definition of Core Programming.	No programming this quarter. The station had been silent since March 30, 2015, 2014 BLSTA -20150714ABD
Does the Licensee identify the program by displaying throughout the program the symbol E/I?	No

Non-Core Educational and Informational Programming (0) Sponsored Core Programming (0)

Liaison Contact	Question	Response
	Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii)?	Yes
	Name of children's programming liaison	
	Address	137 Magnolia Bend Dr.
	City	Livingston
	State	тх
	Zip	77351
	Telephone Number	(936) 252-1585
	Email Address	broadcastbroker@livingston. net
	Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act (or use this space for supplemental explanations). This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.	No programming this quarter. The station was silent the majority of this quarter, since May 30, 2015 BLESTA - 20150714ABD

Other Matters (1)

Other Matters (1 of 1)	Response
Program Title	none
Origination	Local
Days/Times Program Regularly Scheduled	none
Total times aired at regularly scheduled time	0
Length of Program	0 mins
Age of Target Child Audience from	0 years to 0 years

Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

	Question	Response
Certification	Question The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay. 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).	Response
	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.	Bob Buckalew President
		01/11 /2016

Attachments

File Name	Uploaded By	Attachment Type	Description Upload Status
<u>Station Off Air - January 2016.</u> pdf	Applicant	All Purpose	Done with Virus Scan and/or Conversion