



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: **0000018258** | Submit Date: **11/28/2016** | Call Sign: **KAZD** | Facility ID: **17433** | FRN: **0019682483** | State: **Texas** | City: **LAKE DALLAS**
Service: **DTV** | Purpose: **Annual Ancillary/Supplemental Service Report** | Status: **Received** | Status Date: **11/28/2016**
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
NORTHSTAR DALLAS LICENSE, LLC Doing Business As: NORTHSTAR DALLAS LICENSE, LLC	Jack Goodman 1701 N. MARKET STREET SUITE 500 DALLAS, TX 75202 United States	+1 (214) 754-7008	jack@jackngoodman. com	Limited Liability Company

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
(1)**

Contact Name	Address	Phone	Email	Contact Type
Jack N. Goodman , Esq . <i>FCC Counsel</i> Law Offices of Jack N. Goodman	Jack N. Goodman 1200 New Hampshire Avenue, NW Washington, DC 20036 United States	+1 (202) 776- 2045	jack@jackngoodman. com	Legal Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
KSBO-CD	SAN LUIS OBISPO	CA	NORTHSTAR SAN LUIS OBISPO LICENSE, LLC.
WQAW-LP	LAKE SHORE	MD	NORTHSTAR LAKE SHORE LICENSE, LLC
KLDF-CD	LOMPOC	CA	NORTHSTAR LOMPOC LICENSE, LLC.
KAZH-LP	MCALLEN	TX	NORTHSTAR MCALLEN LICENSE, LLC
WXAX-CD	CLEARWATER	FL	NORTHSTAR TAMPA LICENSE, LLC
KAXW-LD	MULLIN	TX	NORTHSTAR MULLIN LICENSE, LLC
WTNO-LP	NEW ORLEANS	LA	NORTHSTAR NEW ORLEANS LICENSE, LLC
KPDF-CA	PHOENIX	AZ	NORTHSTAR PHOENIX LICENSE, LLC.
KHDF-CD	LAS VEGAS	NV	NORTHSTAR LAS VEGAS LICENSE, LLC
KEMO-TV	SANTA ROSA	CA	NORTHSTAR SAN FRANCISCO LICENSE, LLC
KDFS-CD	SANTA MARIA	CA	NORTHSTAR SANTA MARIA LICENSE, LLC
KYAZ	KATY	TX	NORTHSTAR HOUSTON LICENSE, LLC.
KAZD	LAKE DALLAS	TX	NORTHSTAR DALLAS LICENSE, LLC
KNWS-LP	BROWNSVILLE	TX	NORTHSTAR BROWNSVILLE LICENSE, LLC.
KVDF-CD	SAN ANTONIO	TX	NORTHSTAR SAN ANTONIO LICENSE, LLC.

Certification

Section	Question	Response
<p>General Certification Statements</p>	<p>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.).</p>	
	<p>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.</p>	
<p>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</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>MICHAEL JAHRMARKT <i>Managing Member of Sole Member</i></p> <p>11/28/2016</p>

Attachments

Information not provided.