

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility 33745 Service: DTV Call KNVN Channel: 20 (UHF)

ID: Sign: File **0000027908** 

Number:

FRN: **0024763385** Date **07/11** 

Submitted: /2017

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
MAXAIR MEDIA, LLC Doing Business As: MAXAIR MEDIA, LLC	101 LAUREN LANE CLINTON, MS 39056 United States	+1 (601) 918- 1434	jgersh@ActionNewsNow. com	Limited Liability Company

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### Preparer Contact Information

#### **Preparer Contact Name and Information**

1	Applicant	Address	Phone	Email
-	<b>Ken Rice</b> Chief Engineer California TV, LLC	Ken Rice 3460 Silverbell Rd Chico, CA 95973 United States	+1 (503) 893- 6543	krice@actionnewsnow. com

## 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.	No
Briefly describe transition plan	Install new primary transmitter and interim side-mount antenna/line for temporary operation on repack channel 20 while install new primary side-mount antenna/line for permanent repack channel 20 operations.  Maintain interim antenna as backup.

# **Transmitters**

rs	Section	Question	Response
	Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

# Primary Transmitter

# **Existing Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (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
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	NV7340 E
	Year	2005
	Туре	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	4.0 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	ULXTE 12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	8.5 kW
	Justification for New Transmitter	Current transmitter cannot be re- channeled to meet repack channel assignment and is no longer supported by manufacturer.

# Primary Transmitter

# **Other Transmitter Costs**

Question	Response
Service Entrance (3 phases 800A 208V)	No
Switchgear (industrial 800 amp)	No
Transformer (480V)	No
Power	N/A
Rigid Conduit and Wiring	No
Size	N/A
	Service Entrance (3 phases 800A 208V)  Switchgear (industrial 800 amp)  Transformer (480V)  Power  Rigid Conduit and Wiring

	Length	N/A
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	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 Transmitted Other Transmitter Cost Not Listed

Transmitter Information not provided.

#### **Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

# **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted 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)	321.0 kW

Manufacturer	
Model	ATW32H4- HSC-245
Year	1998

## **New Antenna Costs**

Section	Question	Response	
New Antenna Description	Use	Primary (Main)	
	Description of Use	N/A	
	Change Type	Purchase New	
	Is this a request for upgraded equipment?	No	
	Ownership	Owned	
	Owner	N/A	
	Is antenna shared?	No	
	Is antenna directional?	Yes	
	Will antenna be located on or in close proximity to an antenna farm?	Yes	
New Antenna	Class	Full Power	
Manufacturer and Types	Mounting	Side Mount	
	Antenna position in stack	Not in Stack	
	Polarization	Elliptical	
	Туре	Slotted Coaxial	
	Number of Stations Supported	N/A	
	Number of Panels/Bays	N/A	
	Lower Limit	N/A	
	Upper Limit	N/A	
	Design power capacity in use	N/A	
	Other Antenna Type	N/A	
	ERP: (Effective Radiated Power)	380.9 kW	
	Manufacturer		

Model	ATW30H4- ESCX-20H
Year	2017
Justification for New Antenna	Current antenna cannot be re-tuned for use on repack channel.

## **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes

Sweep Test	Do you require the sweep testing of	Yes
	transmission line and antenna?	

**Other Antenna Cost Not Listed** 

#### Interim Antenna

## **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	146.5 kW
	Manufacturer	
	Model	ALP24M3- ESCX-20
	Year	2017

Justification for New Antenna	Interim
Justilication for New Antenna	
	antenna and
	transmission
	line needed
	to maintain
	on-air
	service
	while new
	primary
	antenna and
	transmission
	line installed.

#### Interim Antenna

## **Other Antenna Costs**

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

## Interim Antenna

**Other Antenna Cost Not Listed** 

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Primary Transmission Line

# **Existing Transmission Line**

on Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission	Manufacturer	
Line Manufacturer and Type	Туре	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1060 feet per run

#### **New Transmission Line**

Primary
<b>Transmissio</b>

Section Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Туре	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1106 feet per run
	Justification for New Transmission Line	New transmission line is required for installation of primary antenna. Repack channel necessitates a change in transmission line segment length.

Primary
Other Transmission Line Expenses Not Listed
Transmission Icinetion not provided.

## Interim

## **New Transmission Line**

Transmission	n Line Section	Question	Response
	New Transmission Line	Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Flexible Air
		Diameter	3 inches
		Segment Length	N/A
		Other Segment Length	
		Number of parallel runs	1
		Length	1000 feet per run
		Justification for New Transmission Line	Interim antenna and transmission line needed to maintain on-air service while new primary antenna and transmission line installed.

Interim Other Transmission Line Expenses Not Listed Transmission Line tion not provided.

# Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

# Primary Tower

# **Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure	Do you have a tower registration number?	Yes
Registration	ASR Number	1049183
Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	40° 15' 30.6" N-
1983))	Longitude (NAD83)	122° 05' 24.4" W-
	Overall Structure Height	996.71 feet
	Support Structure Height	996.71 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1762.12 fee

Structure Type	LTOWER - Lattice Tower
Tower Owner	California TV, LLC
Date Constructed	01/01/1985

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

Facility ID	Call Sign	Service
82891	KTOR	FM

## Primary Tower

# **Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Other
Helicopter Services Required	Are helicopter services required?	No

## Primary Tower

Other Tower Expenses Not Listed

# Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
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	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

Prepare request for Special Temporary Authority	Yes
Quantity	1
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	No
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	No
RF exposure measurements	No
Additional Field Engineering Service	No
Number of Days	N/A
Justification	N/A
	Authority  Quantity  NEPA Section 106 environmental review  Environmental Assessment  ASR Modification  FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  Additional Field Engineering Service  Number of Days

Outside
Professional Services Expenses Not Listed
Professional Services © pstsided.

# Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	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	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	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

Other Expenses Not Listed

**Expenses** Information not provided.

#### **Transmitters**

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 Transmitter ULXTE 12	\$494,500.00	\$470,000.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$470,000.00	N/A	N/A	N/A
Sub-total	\$494,500.00	\$470,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,558,404.00	\$1,482,029.00	N/A	\$0.00	N/A

#### Components

#### **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
Interim Antenna ALP24M3-ESCX- 20	\$138,240.00	\$131,400.00	Cucimounon	\$0.00	
UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized	\$103,100.00	\$98,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Primary Antenna ATW30H4-ESCX- 20H	\$269,740.00	\$256,800.00		\$0.00	

UHF - Lower Power Side Mount, One station antenna 200-500 kW, elliptically or circularly polarized	\$227,000.00	\$216,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$407,980.00	\$388,200.00	N/A	\$0.00	N/A
Total for all systems	\$1,558,404.00	\$1,482,029.00	N/A	\$0.00	N/A

# Components

#### **Transmission Line**

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
Interim Transmission Line	\$59,000.00	\$56,000.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$59,000.00	\$56,000.00	N/A	N/A	N/A
Primary Transmission Line	\$115,024.00	\$109,494.00		\$0.00	
Rigid Transmission Line - copper, 3 1/8"	\$115,024.00	\$109,494.00	N/A	N/A	N/A
Sub-total	\$174,024.00	\$165,494.00	N/A	\$0.00	N/A
Total for all systems	\$1,558,404.00	\$1,482,029.00	N/A	\$0.00	N/A

# Components

## **Tower Equipment and Rigging Costs**

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 Tower LTOWER	\$421,000.00	\$400,000.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and /or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Sub-total	\$421,000.00	\$400,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,558,404.00	\$1,482,029.00	N/A	\$0.00	N/A

## Components

## **Outside Professional Services**

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	\$30,710.00	\$28,750.00		\$0.00	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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 and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	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
Sub-total	\$30,710.00	\$28,750.00	N/A	\$0.00	N/A
Total for all systems	\$1,558,404.00	\$1,482,029.00	N/A	\$0.00	N/A

# Components

## **Other Expenses**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$30,190.00	\$29,585.00		\$0.00	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	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
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Equipment Storage	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Sub-total	\$30,190.00	\$29,585.00	N/A	\$0.00	N/A

Total for all	\$1,558,404.00	\$1,482,029.00	N/A	\$0.00	N/A
systems					

# Components

## **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,558,404.00	\$1,482,029.00	\$0.00

Reimbursem	entestiatus	Response
	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

Section Question Response

# Submission of Estimated Expenses Statements

WILLFUL FALSE 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 STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 1. The Authorized
  Person signing
  below certifies that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

- 4. 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 (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 5. 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.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Dan Modisett President

07/11/2017

**Attachments**