



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000035040 | Submit Date: 11/09/2017 | Call Sign: KAEF-TV | Facility ID: 8263 | FRN: 0026809657 | State: California | City: ARCATA

Service: DTV | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/09/2017 | 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
Sinclair Media Licensee, Inc. Doing Business As: Sinclair Media Licensee, Inc.	1200 Seventeenth Street NW Washington, DC 20036 United States	+1 (202) 663-8195	miles.mason@pillsburylaw.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
(1)

Contact Name	Address	Phone	Email	Contact Type
Miles S Mason LEGAL COUNSEL Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street NW WASHINGTON, DC 20036 United States	+1 (202) 663- 8195	miles. mason@pillsburylaw. com	Legal Representative

Ancillary
/Supplementary
Services

Call Sign	City	State	Licensee
KTXE-LD	SAN ANGELO	TX	BLUESTONE LICENSE HOLDINGS LLC
KTES-LD	ABILENE	TX	BLUESTONE LICENSE HOLDINGS LLC
KECI-TV	MISSOULA	MT	BLUESTONE LICENSE HOLDINGS LLC
KTXS-TV	SWEETWATER	TX	Sinclair Media Licensee, LLC
KCFW-TV	KALISPELL	MT	BLUESTONE LICENSE HOLDINGS LLC
KDBZ-CD	BOZEMAN	MT	BLUESTONE LICENSE HOLDINGS LLC
KRCR-TV	REDDING	CA	BLUESTONE LICENSE HOLDINGS LLC
KTVM-TV	BUTTE	MT	BLUESTONE LICENSE HOLDINGS LLC
WCYB-TV	BRISTOL	VA	BLUESTONE LICENSE HOLDINGS LLC

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	<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>	
	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.	<p>David B Amy <i>Secretary Sinclair Television Group Inc</i></p> <p>11/09/2017</p>

Attachments

Information not provided.