



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **18753** | Service: **DTV** | Call **WVIZ** | Channel: **35 (UHF)** |  
ID: | Sign:  
File **0000027479**  
Number:  
FRN: **0005277538** | Date **07/11**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant                                             | Address                                                                                               | Phone                | Email                               | Applicant Type     |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|--------------------|
| <b>IDEASTREAM</b><br>Doing Business As:<br>IDEASTREAM | KEVIN E.<br>MARTIN<br>IDEA CENTER<br>1375 EUCLID<br>AVENUE<br>CLEVELAND,<br>OH 44115<br>United States | +1 (216)<br>916-6455 | kevin.<br>martin@ideastream.<br>org | Not-for-<br>Profit |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

| Applicant      | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] |         |       |       |

## Preparer Contact Information

### Preparer Contact Name and Information

| Applicant                                                                      | Address                                                                                          | Phone                 | Email                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|
| <b>Jerrold Francis<br/>Wareham</b><br><i>Repack Coordinator<br/>ideastream</i> | JERRY WAREHAM<br>IDEA CENTER<br>1375 EUCLID<br>AVENUE<br>CLEVELAND, OH<br>44115<br>United States | +1 (216) 916-<br>6120 | jerry.<br>wareham@ideastream.<br>org |

**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. |  | Yes                                                                                                                                                                                                          |
| Briefly describe transition plan                                                                                                                                                                                                                                                                                                                             |  | WVIZ must replace its main antenna and transmitter in order to move it its new channel. It will need to install interim facilities in order to be able to replace the main facility. See attached narrative. |

**Transmitters**

| 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<br>New   |
|                                            | Use                                                        | Primary<br>(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 and Type | Manufacturer                                               |                   |
|                                            | Model                                                      | Innovator         |
|                                            | Year                                                       | 2009              |
|                                            | Type                                                       | Solid State       |
|                                            | Solid State Cooling                                        | Air Cooled        |
|                                            | Solid State Power Capacity                                 | 15 kW             |

**Primary  
Transmitter**

**New Transmitter Costs**

| Section         | Question                                  | Response                                                                                                                                                                                                                                                  |
|-----------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Transmitter | Use                                       | Primary<br>(Main)                                                                                                                                                                                                                                         |
|                 | Change Type                               | Purchase<br>New                                                                                                                                                                                                                                           |
|                 | Is this a request for upgraded equipment? | Yes                                                                                                                                                                                                                                                       |
|                 | Manufacturer                              |                                                                                                                                                                                                                                                           |
|                 | Model                                     | ULXTE40                                                                                                                                                                                                                                                   |
|                 | Transmitter Type                          | Solid State                                                                                                                                                                                                                                               |
|                 | Solid State Cooling                       | Liquid Cooled                                                                                                                                                                                                                                             |
|                 | Solid State Power capacity                | 21.9 kW                                                                                                                                                                                                                                                   |
|                 | Justification for New Transmitter         | The new transmitter is required because higher TPO for higher ERP to replicate the current signal on the new channel. The replication transmitter is the ULXTE30 (invoice attached). The ULXTE40 is an upgrade to achieve maximization (invoice attached) |

**Primary  
Transmitter**

**Other Transmitter Costs**

| Section                                                                    | Question                                                                                      | Response                                                                           |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Electrical Service</b>                                                  | 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                                                                                |
|                                                                            | Length                                                                                        | N/A                                                                                |
|                                                                            | Other Electrical Service                                                                      | Yes                                                                                |
|                                                                            | Description                                                                                   | Necessary conduit, wiring and fuse disconnects as quoted by electrical contractor. |
| <b>HVAC Service</b>                                                        | Does the replacement transmitter require HVAC Service?                                        | No                                                                                 |
|                                                                            | Type                                                                                          | N/A                                                                                |
|                                                                            | Size                                                                                          | N/A                                                                                |
|                                                                            | Other Size                                                                                    | N/A                                                                                |
| <b>Transmitter Building Addition/Modification or Leasehold Improvement</b> | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No                                                                                 |
|                                                                            | Size                                                                                          | N/A                                                                                |
| <b>Channel 14 Costs</b>                                                    | 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  
Transmitter

Other Transmitter Cost Not Listed

| Name                   | Description                                                  |
|------------------------|--------------------------------------------------------------|
| Transmitter Site Suvey | Survey of transmitter site to determine exact facility needs |

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

| Section                                           | Question                                                         | Response           |
|---------------------------------------------------|------------------------------------------------------------------|--------------------|
| <b>Existing Antenna<br/>Description</b>           | Type of change                                                   | Purchase<br>New    |
|                                                   | Antenna Use                                                      | Primary<br>(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?  | No                 |
| <b>Existing Antenna<br/>Manufacturer and Type</b> | Class                                                            | Full Power         |
|                                                   | Mounting                                                         | Top Mount          |
|                                                   | Antenna position in stack                                        | Top                |
|                                                   | Polarization                                                     | Horizontal         |
|                                                   | Type                                                             | Slotted<br>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)<br>.....                         | 150.0 kW           |
|                                                   |                                                                  |                    |

|              |                         |
|--------------|-------------------------|
| Manufacturer |                         |
| Model        | TFU-<br>10GTH-R<br>C170 |
| Year         | 2009                    |

Primary  
Antenna

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?                            | Yes             |
|                                    | 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 Manufacturer and Types | Class                                                                | Full Power      |
|                                    | Mounting                                                             | Top Mount       |
|                                    | Antenna position in stack                                            | Top             |
|                                    | Polarization                                                         | Elliptical      |
|                                    | Type                                                                 | 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)<br>.....                             | 181.0 kW        |
|                                    | Manufacturer                                                         |                 |
|                                    |                                                                      |                 |

|                               |                                                                                                                   |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Model                         | TFU-10GTH-R C170 SP                                                                                               |
| Year                          | 2019                                                                                                              |
| Justification for New Antenna | Existing main antenna is a coaxial slot antenna that is channel specific and cannot be reused on the new channel. |

## Primary Antenna

### Other Antenna Costs

| Section                            | Question                                                                              | Response |
|------------------------------------|---------------------------------------------------------------------------------------|----------|
| <b>Combiner for Shared Antenna</b> | Do you need a Combiner for a Shared Antenna?                                          | No       |
|                                    | Type                                                                                  |          |
|                                    | 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      |
| <b>Elbow Complex</b>               | Do you require the separate purchase of the Elbow Complex?                            | No       |
|                                    | Broadband or Single Channel?                                                          | N/A      |
|                                    | Feed Line Size                                                                        | N/A      |
| <b>Side Mount Brackets</b>         | Do you require the separate purchase of side mount brackets for a high power antenna? | No       |

|                                 |                                                                                                             |     |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|-----|
| <b>Pattern Scatter Analysis</b> | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No  |
| <b>Sweep Test</b>               | Do you require the sweep testing of transmission line and antenna?                                          | Yes |

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

| Section                                      | Question                                                             | Response          |
|----------------------------------------------|----------------------------------------------------------------------|-------------------|
| <b>New Antenna Description</b>               | Use                                                                  | Interim           |
|                                              | Description of Use                                                   | N/A               |
|                                              | Change Type                                                          | Purchase<br>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                |
| <b>New Antenna<br/>Manufacturer and Type</b> | Class                                                                | Full Power        |
|                                              | Mounting                                                             | Side Mount        |
|                                              | Antenna position in stack                                            | Not in Stack      |
|                                              | Polarization                                                         | Horizontal        |
|                                              | Type                                                                 | Broadband<br>Slot |
|                                              | Number of Stations Supported                                         | 1                 |
|                                              | Number of Panels/Bays                                                | 8                 |
|                                              | Lower Limit                                                          | 470.00 MHz        |
|                                              | Upper Limit                                                          | 698.00 MHz        |
|                                              | Design power capacity in use                                         | 40.0 %            |
|                                              | Other Antenna Type                                                   | N/A               |
|                                              | ERP: (Effective Radiated Power)                                      | 150.0 kW          |
|                                              | Manufacturer                                                         |                   |
|                                              | Model                                                                | TFU-8WB-R         |
|                                              | Year                                                                 | 2019              |

|  |                               |                                                                                     |
|--|-------------------------------|-------------------------------------------------------------------------------------|
|  | Justification for New Antenna | WVIZ needs an interim antenna for operation . while it replaces the primary antenna |
|--|-------------------------------|-------------------------------------------------------------------------------------|

**Interim Antenna**

**Other Antenna Costs**

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

**Interim Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

| Section                               | Question                                        | Response |
|---------------------------------------|-------------------------------------------------|----------|
| Transmission Line<br>Related Expenses | Do you have transmission line related expenses? | Yes      |

**Primary**  
**Transmission Line**

**Existing Transmission Line**

| Section                                                 | Question                                                                   | Response          |
|---------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <b>Existing Transmission Line Description</b>           | 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               |
| <b>Existing Transmission Line Manufacturer and Type</b> | Manufacturer                                                               |                   |
|                                                         | Type                                                                       | Rigid             |
|                                                         | Diameter                                                                   | 6 1/8 inches      |
|                                                         | Other Diameter                                                             | N/A               |
|                                                         | Segment Length                                                             | 19 1/2 inches     |
|                                                         | Other Segment Length                                                       | N/A               |
|                                                         | Number of parallel runs                                                    | 1                 |
|                                                         | Length                                                                     | 1350 feet per run |

**Primary** **New Transmission Line**  
**Transmission Line**

| Section                            | Question                                  | Response                                                                                                     |
|------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>New Transmission Line Costs</b> | Use                                       | Primary (Main)                                                                                               |
|                                    | Description of Use                        | N/A                                                                                                          |
|                                    | Change Type                               | Purchase New                                                                                                 |
|                                    | Is this a request for upgraded equipment? | No                                                                                                           |
|                                    | Type                                      | Rigid                                                                                                        |
|                                    | Diameter                                  | 6 1/8 inches                                                                                                 |
|                                    | Other Diameter                            | N/A                                                                                                          |
|                                    | Segment Length                            | 20 inches                                                                                                    |
|                                    | Other Segment Length                      | N/A                                                                                                          |
|                                    | Number of parallel runs                   | 1                                                                                                            |
|                                    | Length                                    | 1350 feet per run                                                                                            |
|                                    | Justification for New Transmission Line   | Current transmission line has 19.5" segment lengths which will not work for the WVIZ assigned repack Ch. 35. |

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Interim**  
**Transmission Line**

**New Transmission Line**

| Section                            | Question                                | Response                                                                                                   |
|------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>New Transmission Line Costs</b> | Use                                     | Interim                                                                                                    |
|                                    | Description of Use                      | N/A                                                                                                        |
|                                    | Change Type                             | Purchase New                                                                                               |
|                                    | Type                                    | Flexible Air                                                                                               |
|                                    | Diameter                                | 4 inches                                                                                                   |
|                                    | Segment Length                          | N/A                                                                                                        |
|                                    | Other Segment Length                    |                                                                                                            |
|                                    | Number of parallel runs                 | 1                                                                                                          |
|                                    | Length                                  | 1000 feet per run                                                                                          |
|                                    | Justification for New Transmission Line | WVIZ will need an interim transmission line for operation while it replaces its primary transmission line. |

**Interim**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Information 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                                          | Modify Existing   |
|                                                     | Tower Use                                               | Primary (Main)    |
|                                                     | Description of Use                                      | N/A               |
|                                                     | Ownership                                               | Owned             |
|                                                     | Is this tower consider Complex?                         | No                |
|                                                     | 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?            | Yes               |
|                                                     | Is tower compliant with Rev G?                          | Yes               |
| Existing Tower Structure Registration               | Do you have a tower registration number?                | Yes               |
|                                                     | ASR Number                                              | 1265403           |
| Coordinates (NAD83 ( North American Datum of 1983)) | Latitude (NAD83)                                        | 41° 23' 09.9" N-  |
|                                                     | Longitude (NAD83)                                       | 081° 41' 20.7" W- |
|                                                     | Overall Structure Height                                | 912.06 feet       |
|                                                     | Support Structure Height                                | 912.06 feet       |
|                                                     | Ground Elevation Above Mean Sea Level (AMSL)            | 1040.01 feet      |

|  |                  |                                          |
|--|------------------|------------------------------------------|
|  | Structure Type   | TOWER - Free Standing or Guyed Structure |
|  | Tower Owner      | 6600 Broadview LLC                       |
|  | Date Constructed | 06/05/2009                               |

**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 |
|-------------|-----------|---------|
| 73195       | WKYC      | DTV     |

**Primary  
Tower**

**Tower Modification Costs**

| Section              | Question                                                   | Response                          |
|----------------------|------------------------------------------------------------|-----------------------------------|
| Engineering Study    | Please what type of engineering study is required, if any: | Study needed for documented tower |
| Tower Reinforcements | Please select whether tower reinforcements are needed:     | Minor Reinforcements needed       |

**Primary  
Tower**

**Tower Rigging Costs**

| Section                      | Question                          | Response |
|------------------------------|-----------------------------------|----------|
| Tower Rigging Costs          | Complex Tower                     | N/A      |
| Helicopter Services Required | Are helicopter services required? | No       |

**Primary  
Tower**

**Other Tower Expenses Not Listed**  
Information not provided.

**Outside  
Professional**

| Section                                                           | Question                                                                     | Response                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Services Costs<br/>Outside Project<br/>Management Services</b> | Do you require outside project management services?                          | Yes                                                                                                                                                                                                                                        |
|                                                                   | Number of Hours                                                              | 200                                                                                                                                                                                                                                        |
|                                                                   | Explanation                                                                  | Project manager needed to manage all work required coordinate vendor and contractor specification development, selection of list for bid solicitation, bid evaluation, vendor /contractor selection /contracting and contract enforcement. |
| <b>Outside RF consulting<br/>Engineering Services</b>             | 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 |
| <b>Attorney and Other Outside Consulting Services</b> | Prepare and file Form FCC Construction Permit Application                                  | Yes |
|                                                       | 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 |
| <b>RF Field Engineering Services</b>                  | Comprehensive coverage verification via field study                                        | No  |
|                                                       | RF exposure measurements                                                                   | No  |
|                                                       | Additional Field Engineering Service                                                       | No  |
|                                                       | Number of Days                                                                             | N/A |

|  |               |     |
|--|---------------|-----|
|  | Justification | N/A |
|--|---------------|-----|

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Services provided.

**Other  
Expenses**

| Section                             | Question                                                                                                             | Response |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|
| <b>AM Pattern Disturbance</b>       | Is an Impact Study needed?                                                                                           | No       |
|                                     | Is Remediation needed?                                                                                               | No       |
| <b>Facility Expenses</b>            | 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      |
| <b>Permit and Filing Costs</b>      | Local Zoning                                                                                                         | No       |
|                                     | Non-zoning permits                                                                                                   | Yes      |
|                                     | BLM or NFS Coordination                                                                                              | No       |
|                                     | FCC Construction Permit Minor Change                                                                                 | No       |
|                                     | FCC License to Cover Application                                                                                     | No       |
|                                     | FCC Special Temporary Authority Application                                                                          | No       |
| <b>Other Miscellaneous Expenses</b> | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?        | Yes      |
|                                     | 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**

**Other Expenses Not Listed**

| Name          | Description                                                                     |
|---------------|---------------------------------------------------------------------------------|
| Employee Time | Time needed by ideastream employees to work on the transition to a new channel. |

## Cost Information

### 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 |
|--------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|-----------------------------------------------|---------------------|---------------------------|
| <b>Primary Transmitter ULXTE40</b>                                                                           | <b>\$970,700.00</b>         | <b>\$810,523.16</b>   |                                               | <b>\$211,642.53</b> |                           |
| Other Electrical Service: Necessary conduit, wiring and fuse disconnects as quoted by electrical contractor. | <i>\$15,700.00</i>          | \$15,700.00           | See attached electrical quote.                | N/A                 | N/A                       |
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW                                                       | \$947,000.00                | \$786,823.16          | N/A                                           | \$211,642.53        | N/A                       |
| Transmitter Site Suvey                                                                                       | <i>\$8,000.00</i>           | \$8,000.00            | Survey of transmitter site to determine needs | N/A                 | N/A                       |
| <b>Sub-total</b>                                                                                             | <b>\$970,700.00</b>         | <b>\$810,523.16</b>   | N/A                                           | <b>\$211,642.53</b> | N/A                       |
| <b>Total for all systems</b>                                                                                 | <b>\$2,282,137.00</b>       | <b>\$1,982,326.16</b> | N/A                                           | <b>\$247,211.78</b> | N/A                       |

### Components

| Actual Information |           |
|--------------------|-----------|
| Description        | File Name |

|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Electrical Service:<br>Necessary conduit, wiring<br>and fuse disconnects as<br>quoted by electrical<br>contractor. | Information not provided.                                                                                                                                                                                                                                                                                                                                                             |
| UHF - Liquid Cooled Solid<br>State Transmitter 21 - 31<br>kW                                                             | <div> <div> <b>Component Description:</b> </div> <div> One third down<br/>payment for<br/>transmitter<br/>required for<br/>replication (total<br/>\$634,927.60). The<br/>additional cost for<br/>maximization (total<br/>\$151,895.56) also<br/>attached as<br/>JW3004459VI is<br/>not reimbursable. </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$211,642.53 </div> </div> |
| Transmitter Site Suvey                                                                                                   | Information not provided.                                                                                                                                                                                                                                                                                                                                                             |

Cost  
Information

Antennas

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

| Description                                                                                                                               | Predetermined<br>Cost Estimate | Estimated<br>Cost   | Estimated<br>Cost<br>Justification | Actual Cost   | Actual Cost<br>Justification |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|------------------------------------|---------------|------------------------------|
| <b>Interim<br/>Antenna<br/>TFU-8WB-R</b>                                                                                                  | <b>\$96,130.00</b>             | <b>\$91,400.00</b>  |                                    | <b>\$0.00</b> |                              |
| Sweep test<br>of existing<br>antenna                                                                                                      | \$6,730.00                     | \$6,400.00          | N/A                                | N/A           | N/A                          |
| UHF -<br>Lower<br>Power<br>Side<br>Mount,<br>One<br>station<br>antenna -<br>medium<br>power (50-<br>200 kW),<br>horizontally<br>polarized | \$89,400.00                    | \$85,000.00         | N/A                                | N/A           | N/A                          |
| <b>Primary<br/>Antenna<br/>TFU-<br/>10GTH-R<br/>C170 SP</b>                                                                               | <b>\$296,230.00</b>            | <b>\$199,536.00</b> |                                    | <b>\$0.00</b> |                              |
| Sweep test<br>of existing<br>antenna                                                                                                      | \$6,730.00                     | \$6,400.00          | N/A                                | N/A           | N/A                          |

|                                                                                                      |                |                |                                                                                                                                                        |              |     |
|------------------------------------------------------------------------------------------------------|----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00   | \$193,136.00   | Quoted cost of antenna from the manufacturer with the upgrade cost related to vertical polarization removed from the overall cost. See attached quote. | N/A          | N/A |
| <b>Sub-total</b>                                                                                     | \$392,360.00   | \$290,936.00   | N/A                                                                                                                                                    | \$0.00       | N/A |
| <b>Total for all systems</b>                                                                         | \$2,282,137.00 | \$1,982,326.16 | N/A                                                                                                                                                    | \$247,211.78 | N/A |

## Components

Information not provided.

Cost  
Information

Transmission Line

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

| Description                                              | Predetermined<br>Cost Estimate | Estimated<br>Cost | Estimated<br>Cost<br>Justification | Actual Cost  | Actual Cost<br>Justification |
|----------------------------------------------------------|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Interim<br>Transmission<br>Line                          | \$74,000.00                    | \$70,000.00       |                                    | \$0.00       |                              |
| Flexible Air<br>Transmission<br>Line -<br>dielectric, 4" | \$74,000.00                    | \$70,000.00       | N/A                                | N/A          | N/A                          |
| Primary<br>Transmission<br>Line                          | \$272,700.00                   | \$259,200.00      |                                    | \$0.00       |                              |
| Rigid<br>Transmission<br>Line -<br>copper, 6 1/8"        | \$272,700.00                   | \$259,200.00      | N/A                                | N/A          | N/A                          |
| Sub-total                                                | \$346,700.00                   | \$329,200.00      | N/A                                | \$0.00       | N/A                          |
| Total for all<br>systems                                 | \$2,282,137.00                 | \$1,982,326.16    | N/A                                | \$247,211.78 | N/A                          |

Components

Information not provided.

Cost  
Information

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<br>Cost Estimate | Estimated<br>Cost | Estimated<br>Cost<br>Justification | Actual Cost  | Actual Cost<br>Justification |
|----------------------------------------------------------------------------------|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Primary<br>Tower<br>TOWER                                                        | \$381,100.00                   | \$362,000.00      |                                    | \$0.00       |                              |
| Structural<br>engineering<br>tower load<br>study for well<br>documented<br>tower | \$12,600.00                    | \$12,000.00       | N/A                                | N/A          | N/A                          |
| Tall Tower<br>(greater than<br>500')                                             | \$210,500.00                   | \$200,000.00      | N/A                                | N/A          | N/A                          |
| Minor tower<br>reinforcement<br>/modifications                                   | \$158,000.00                   | \$150,000.00      | N/A                                | N/A          | N/A                          |
| Sub-total                                                                        | \$381,100.00                   | \$362,000.00      | N/A                                | \$0.00       | N/A                          |
| Total for all<br>systems                                                         | \$2,282,137.00                 | \$1,982,326.16    | N/A                                | \$247,211.78 | N/A                          |

Components

Information not provided.

## Cost Information

### 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 |
|----------------------------------------------------------------------------------------|-----------------------------|--------------------|------------------------------|-------------------|---------------------------|
| <b>Outside Professional Services</b>                                                   | <b>\$62,310.00</b>          | <b>\$61,250.00</b> |                              | <b>\$6,858.75</b> |                           |
| Attorney Fees - Prepare and File request for Special Temporary Authorization           | \$3,680.00                  | \$3,500.00         | 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                       |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00                  | \$5,000.00         | N/A                          | \$702.00          | N/A                       |
| Prepare request for Special Temporary Authorization                                    | \$2,050.00                  | \$1,500.00         | 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 engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00     | \$3,000.00     | N/A                                                                | \$900.00     | N/A                                                           |
| Perform engineering study for new channel assignment and antenna development         | \$7,360.00     | \$7,000.00     | N/A                                                                | \$900.00     | 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                                                           |
| Project management of the transition                                                 | \$31,600.00    | \$30,000.00    | N/A                                                                | N/A          | N/A                                                           |
| Prepare and or review reimbursement form                                             | \$2,630.00     | \$5,000.00     | Required to revise and resubmit Form 399 at the request of the FCC | \$4,356.75   | Required to revise and resubmit 399 at the request of the FCC |
| <b>Sub-total</b>                                                                     | \$62,310.00    | \$61,250.00    | N/A                                                                | \$6,858.75   | N/A                                                           |
| <b>Total for all systems</b>                                                         | \$2,282,137.00 | \$1,982,326.16 | N/A                                                                | \$247,211.78 | N/A                                                           |

## Components

**Actual Information**  
**Description**

**File Name**

|                                                                                        |                                                     |                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attorney Fees - Prepare and File request for Special Temporary Authorization           | Information not provided.                           |                                                                                                                                                                                                  |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application     | Information not provided.                           |                                                                                                                                                                                                  |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | <b>Component Description:</b><br><br><b>Amount:</b> | Legal Services on 7-24-2017 \$195<br>Review of CP authorizations<br>\$195.00                                                                                                                     |
|                                                                                        | <b>Component Description:</b><br><br><b>Amount:</b> | Includes revised cover letter correcting typo in amount of cost as requested. Legal Services 9-27-2017 \$78 Memo to client reports due for CP holders and second filing window notice<br>\$78.00 |
|                                                                                        | <b>Component Description:</b><br><br><b>Amount:</b> | Legal Services on 2-10-2017 \$78 email exchange with client regarding channel change<br>\$78.00                                                                                                  |

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                      | <p><b>Component Description:</b></p> <p>Legal Services on 6-7-2017 \$117<br/>Review of public notice &amp; email to client 6-20-2017 \$117 Review draft construction permit modification application and associated emails</p> <p><b>Amount:</b></p> <p>\$234.00</p> <p><b>Component Description:</b></p> <p>Legal Services on 5-3-2017 \$117 email exchanges with consulting engineer regarding FCC release of TV study update</p> <p><b>Amount:</b></p> <p>\$117.00</p> |
| Prepare request for Special Temporary Authorization                                  | Information not provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application    | Information not provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <p><b>Component Description:</b></p> <p>Prepare CP Application for WVIZ 6.0</p> <p><b>Amount:</b></p> <p>\$900.00</p>                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                  |                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Perform engineering study for new channel assignment and antenna development     | <div> <b>Component Description:</b> <div> WVIZ - Review of Proposed Dielectric Antenna Pattern and Subsequently Revised Pattern. Conference Call to Discuss Status and Options 3.0 </div> </div> <div> <b>Amount:</b> <div> \$450.00 </div> </div> |
|                                                                                  | <div> <b>Component Description:</b> <div> WVIZ Repack Call and Data Review </div> </div> <div> <b>Amount:</b> <div> 1.5 \$225.00 </div> </div>                                                                                                     |
|                                                                                  | <div> <b>Component Description:</b> <div> WVIZ Assignment - Review of Population Loss, Preliminary Antenna Comparison (TUA-C4-08) and Potential Interfering Stations 1.5 </div> </div> <div> <b>Amount:</b> <div> \$225.00 </div> </div>           |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided.                                                                                                                                                                                                                          |
| Project management of the transition                                             | Information not provided.                                                                                                                                                                                                                          |
| Prepare and or review reimbursement form                                         | <div> <b>Component Description:</b> <div> Review of and Reponse to WVIZ 399 Questions .5 </div> </div> <div> <b>Amount:</b> <div> \$75.00 </div> </div>                                                                                            |

|                               |                                                                   |
|-------------------------------|-------------------------------------------------------------------|
| <b>Component Description:</b> | Legal Services on 5-2-2017 Review of Widelity catalog with client |
| <b>Amount:</b>                | \$156.00                                                          |

|                               |                                                                                                                                                                                                                  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Component Description:</b> | Legal Services on 8-4-2017 \$117 Rev of 399 revision request 8-7-2017 \$117 Rev add documentation 8-11-2017 \$41.25 File amended 399 8-11-2017 \$312 Review amended 399 8-17-2017 \$117 Resp client regard CORES |
| <b>Amount:</b>                | \$704.25                                                                                                                                                                                                         |

|                               |                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Component Description:</b> | -Help Prepare 399 1.0 \$150.00 - Review of 399 1.0 \$150.00 - 399 Narrative Review and Conference Call 2.0 \$300.00 - 399 Questions1.0 \$150.00 |
| <b>Amount:</b>                | \$750.00                                                                                                                                        |

|                               |                                                                                |
|-------------------------------|--------------------------------------------------------------------------------|
| <b>Component Description:</b> | Review of FCC Requested 399 Changes, Conference Call and Preparation 4.0 \$600 |
| <b>Amount:</b>                | \$600.00                                                                       |

|                               |                                                                                                                                                                                                                             |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Component Description:</b> | Legal Services on<br>7-5-2017 \$117<br>Resp to client re<br>empl. time reimb 7-<br>6-2017 \$156<br>Review empl. time<br>exhibit 7-10-2017<br>\$49.50 File forms 7-<br>10-2017 \$468 Rev<br>final 399 and<br>confirm to file |
| <b>Amount:</b>                | \$790.50                                                                                                                                                                                                                    |

|                               |                                                                                                                                                                                                                                                                                          |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Component Description:</b> | Legal Services on<br>6-14-2017 \$195<br>Resp to client re<br>reimbursement<br>process 6-19-2017<br>\$117 Resp to client<br>re 399 Users Guide<br>and tower entry 6-<br>20-2017 \$195<br>Review Draft<br>Reimburse App 6-<br>28-2017 \$624<br>Review 399 narr<br>conf call & follow<br>up |
| <b>Amount:</b>                | \$1,131.00                                                                                                                                                                                                                                                                               |

|                               |                                                                        |
|-------------------------------|------------------------------------------------------------------------|
| <b>Component Description:</b> | - Preliminary<br>Widelity Cost<br>Spreadsheet for<br>WVIZ 1.0 \$150.00 |
| <b>Amount:</b>                | \$150.00                                                               |

---

## Cost Information

### Other Expenses

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 |
|--------------------------------------------------------------------------|-----------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|
| <b>Other Expenses</b>                                                    | <b>\$128,967.00</b>         | <b>\$128,417.00</b> |                                                                                                                    | <b>\$28,710.50</b> |                           |
| Employee Time                                                            | <i>\$76,617.00</i>          | \$76,617.00         | N/A                                                                                                                | \$28,710.50        | N/A                       |
| DTV Medical Facility Notification                                        | \$11,550.00                 | \$11,000.00         | N/A                                                                                                                | N/A                | N/A                       |
| Non-zoning permits                                                       | <i>\$1,000.00</i>           | \$1,000.00          | N/A                                                                                                                | N/A                | N/A                       |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$5,000.00</i>           | \$5,000.00          | N/A                                                                                                                | N/A                | N/A                       |
| Equipment Delivery and Handling Charges                                  | <i>\$23,800.00</i>          | \$23,800.00         | Shipping and offloading for transmitter and main and interim antennas and transmission lines. See attached quotes. | N/A                | N/A                       |
| Equipment Storage                                                        | <i>\$5,000.00</i>           | \$5,000.00          | N/A                                                                                                                | N/A                | N/A                       |

|                                                         |                   |                |     |              |     |
|---------------------------------------------------------|-------------------|----------------|-----|--------------|-----|
| Develop and air announcement of upcoming channel change | <b>\$5,000.00</b> | \$5,000.00     | N/A | N/A          | N/A |
| MVPD Notification of Channel Change                     | <b>\$1,000.00</b> | \$1,000.00     | N/A | N/A          | N/A |
| <b>Sub-total</b>                                        | \$128,967.00      | \$128,417.00   | N/A | \$28,710.50  | N/A |
| <b>Total for all systems</b>                            | \$2,282,137.00    | \$1,982,326.16 | N/A | \$247,211.78 | N/A |

## Components

| Actual Information                                                       |                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                                                              | File Name                                                                                                                                                                                                                                                                    |
| Employee Time                                                            | <p><b>Component Description:</b> Invoice as requested, summary of hours to be reimbursed by position, labor rate calculation, individual time records, paystubs for the first date and last date for which reimbursement is requested.</p> <p><b>Amount:</b> \$28,710.50</p> |
| DTV Medical Facility Notification                                        | Information not provided.                                                                                                                                                                                                                                                    |
| Non-zoning permits                                                       | Information not provided.                                                                                                                                                                                                                                                    |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided.                                                                                                                                                                                                                                                    |

|                                                         |                           |
|---------------------------------------------------------|---------------------------|
| Equipment Delivery and Handling Charges                 | Information not provided. |
| Equipment Storage                                       | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| MVPD Notification of Channel Change                     | Information not provided. |

|                             |                              |                                        |                       |
|-----------------------------|------------------------------|----------------------------------------|-----------------------|
| <b>Cost<br/>Information</b> | <b>Grand Total</b>           |                                        |                       |
|                             |                              | <b>Predetermined<br/>Cost Estimate</b> | <b>Estimated Cost</b> |
|                             |                              |                                        | <b>Actual Cost</b>    |
|                             | <b>Total for all systems</b> | \$2,282,137.00                         | \$1,982,326.16        |
|                             |                              |                                        | \$247,211.78          |

|                             |                                                                                                                                                                                                                    |                 |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Reimbursement Status</b> | <b>Question</b>                                                                                                                                                                                                    | <b>Response</b> |
|                             | 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              |

| Certification | Section                                     | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Response |
|---------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|               | Submission of Estimated Expenses Statements | <p>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.</p>                                                                                                                                                       |          |
|               |                                             | <ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol> |          |

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.

|                                                                                                                                                                                                                                   |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <p>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.</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><b>Jerry Wareham</b><br/> <i>Repack Coordinator</i></p> <p>07/11/2018</p> |

| Certification | Section                                            | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Response |
|---------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|               | Submission of Actual Cost Documentation Statements | <p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>                                                         |          |
|               |                                                    | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol> |          |

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. 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 (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. 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.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</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><b>Jerry Wareham</b><br/> <i>Repack Coordinator</i></p> <p>07/11/2018</p> |

## Attachments