

Applicant Information

## Federal (REFERENCE COPY - Not for submission) Communications Ol

## Change Main Studio/Control Point Location

 File Number:
 0000165262
 Submit Date:
 10/29/2021
 Call Sign:
 KPXN-TV
 Facility ID:
 58978
 FRN:
 0001808468
 State:

 California
 City:
 SAN BERNARDINO
 Service:
 DTV
 Purpose:
 Change Main Studio/Control Point Location
 Status:
 Received
 Status Date:
 10/29/2021
 Filing Status:
 Active

General	Section	Question	Response
Information	Main Studio Location Compliance	The main studio location complies with 47 C.F.R. Section 73.1125.	Yes

## Applicant Name, Type, and Contact Information

#### Applicant Address Phone Email **Applicant Type** ION TELEVISION LICENSE, LLC +1 (513) 977-Legal Bianca. Limited Liability Doing Business As: ION TELEVISION Department 3891 Frye@scripps.com Company 312 Walnut LICENSE, LLC Street Suite 2800 Cincinnati, OH 45202 **United States**

### Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	<b>David Giles</b> <i>VP, Deputy General Counsel, Chief</i> <i>Ethics Officer</i> The E.W. Scripps Company	David Giles 312 Walnut Street Cincinnati, OH 45202 United States	+1 (513) 977- 3891	dave.giles@scripps. com	Legal Representative

Main Studio Location	Section	Question	Response
	Main Studio Address	Country	US
		PO Box	
		Address Line 1	312 Walnut Street
		Address Line 2	Suite 2800
		City	Cincinnati
		State	ОН
		Zip Code	45202
		Phone	+1 (888) 467-2988

# Control Point Location

Section	Question	Response
Control Point Address	Address Line 1	
	Address Line 2	
	City	
	State	
	Zip Code	
	Phone	

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		I certify that this application includes all required and relevant attachments.	Yes David Giles
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	VP, Deputy General Counsel, Chief Ethics Officer
			10/29/2021

Information not provided.

### Attachments