



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0002531630** | File Number: **CPR-172605** | Submit Date: **09/30/2015** | Call Sign: **KTFD-DT** | Facility ID: **57219** |

City: **BOULDER** | State: **CO**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date:

**09/30/2015** | Filing Status: **Active**

Report reflects information for : Third Quarter of 2015

General Information

| Section     | Question                                                                             | Response |
|-------------|--------------------------------------------------------------------------------------|----------|
| Attachments | Are attachments (other than associated schedules) being filed with this application? |          |

**Applicant  
Information**

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

| Applicant | Address | Phone | Email | Applicant Type |
|-----------|---------|-------|-------|----------------|
|           |         |       |       |                |



















































