

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004516126** File Number: **0000161053** Submit Date: **09/29/2021** Call Sign: **KAKN** Facility ID: **4079** City:

NAKNEK State: AK

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 09/29/2021 Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO 2020 Application
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Bay Broadcasting Company Doing Business As: KAKN RADIO	ROBERT W LEE PO BOX 214 NAKNEK, AK 99633 United States	+1 (907) 246-7492	KAKN@KAKN.ORG	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
ROBERT W LEE MANAGER BAY BROADCASTING COMPANY	ROBERT LEE PO BOX 214 NAKNEK, AK 99633 United States	+1 (907) 246-7492	KAKN@KAKN.ORG	General Manager
James E Price , III . Legal Representative STERLING COMMUNICATIONS, INC. PO Box 1877 LaFayette, GA 30728	James E Price PO Box 1877 LaFayette, GA 30728 United States	+1 (706) 397-8744	sterlingjamesp@gmail. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
4079	KAKN	NAKNEK	AK	No
201835	KAKD	DILLINGHAM	AK	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all	Yes
	those permanently working 30 or more hours a week?	

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	09/29 /2021
Certified Title	Pastor /Board
Authorized Party Name	Bob Lee

Attachments

No Attachments.