

## Broadcast Equal Employment Opportunity Program Report

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FRN: 0028061125 F	ile Number: 0000128729	Submit Date: 12/01/2020	Call Sign: KNSG	Facility ID: 51524 City:
MARSHALL State: M	N			
Service: Full Power FM	Purpose: EEO Report	Status: Received Status	atus Date: 12/01/2020	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.	KNSG Marshall Group license renew - EEO
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee

Licensee Name, Type and Contact Information

Information
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Applicant	Address	Phone	Email	Applicant Type
SUBARCTIC MEDIA, LLC	C/O J DAVID LINDER 5825 SW 91 ST MIAMI, FL 33156 United States	+1 (000) 000-0000	matt@radiomankato.com	LLC

Contact Representatives	Contact Name	Address	Phone	Ema	ail	Contact Type
	John Neely , Esq . Miller and Neely PC	Suite 203 3750 University Blvo Kensington, MD 208 United States		i304 johr	nsneely@yahoo.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage A	greement
	35129	KARL	TRACY	MN	No	
	32999	KMHL	MARSHALL	MN	No	
	30124	ККСК	SPRINGFIELD	MN	No	
	51524	KNSG	MARSHALL	MN	No	
	35127	KARZ	MARSHALL	MN	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 those permanently working 30 or more hours a week?	No

Additional Program Report Questions	Responsibility for Implementation A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:					
	Name	Title				
	Matthew Ketelsen	Managing Member				
Certification	Question		Response			
	trustee, authorized employee, or o on behalf of the party filing the rep F.R. Section 1.23(a), who is autho or she has read the document; tha	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		12/01 /2020			
	Certified Title		Managing Member			
	Authorized Party Name		Matthew Ketelsen			

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KMHL 2019 EEOPFR.	Applicant	EEO Public File	2019 EEO Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
<u>KMHL 2020 EEOPFR.</u>	Applicant	EEO Public File	2020 EEO Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
KMHL EEO narrative. docx	Applicant	Narrative Statement	Narrative	Done with Virus Scan and/or Conversion