

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004677514
 File Number:
 0000148423
 Submit Date:
 06/01/2021
 Call Sign:
 KBBS
 Facility ID:
 32988
 City:

 BUFFALO
 State:
 WY

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 06/01/2021
 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.	SEU2 EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
LEGEND COMMUNICATIONS OF WYOMING, LLC Doing Business As: LEGEND COMMUNICATIONS OF WYOMING, LLC	199 Carter View Drive Cody, WY 82414 United States	+1 (410) 799-1740	susan@PATCOMM. COM	LLC

Contact Representatives	Contact Name	Address	Phone	Email		Contact Type
	Dawn Sciarrino Managing Member Sciarrino & Shubert, PLLC	330 Franklin Roa Suite 135A-133 Brentwood, TN 37027 United States	ad +1 (202) 256- 9551	dawn@:	sciarrinolaw.com	Legal Representative
	David Smith Dave's Electronics	PO Box 1328 Pinedale, WY 82 United States	+1 (307) 231- 2941 6032	dave@c com	lavestechshop.	Technical Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage	Agreement
	32988	KBBS	BUFFALO	WY	No	
	166062	KHRW	RANCHESTER	WY	No	
	12698	KLGT	BUFFALO	WY	No	
	89085	KZZS	STORY	WY	No	
Program Report Questions	Section	Question			Re	sponse

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	

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Title Name **Rita Conners** Vice President of Business Affairs Question Response Certification 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 06/01 /2021 **Certified Title** Co-Managing Member Authorized Party Name Susan Patrick

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative Statement .pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
Legend SEU2 2019-2020 EEO .pdf	Applicant	EEO Public File Report	2019-2020 EEO Report	Done with Virus Scan and/or Conversion
SEU2 EEO 2020 2021.pdf	Applicant	EEO Public File Report	2020-2021 EEO Report	Done with Virus Scan and/or Conversion