

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0016986606
 File Number:
 0000161082
 Submit Date:
 09/29/2021
 Call Sign:
 KBAM
 Facility ID:
 38379
 City:

 LONGVIEW
 State:
 WA

 Service:
 Full Power AM
 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.	Form 396 EEO Program Report for Longview	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BICOASTAL MEDIA LICENSES IV, LLC	Kevin P. Mostyn 1 BLACKFIELD DRIVE # 333 TIBURON, CA 94920 United States	+1 (415) 789- 5035	kevin@bicoastal. media	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Melodie A. Virtue FCC Counsel Foster Garvey PC	1000 Potomac Street, NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-2527	melodie.virtue@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
2813	KRQT	CASTLE ROCK	WA	No
71007	KLYK	KELSO	WA	No
38379	KBAM	LONGVIEW	WA	No
2814	KEDO	LONGVIEW	WA	No
164098	КРРК	RAINIER	OR	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		? Consider as "full	nploy fewer than five -time" employees all e 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						
	Bruce Pollock		Market Ma	nager			
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						
	Certified Title					Vice President /Chief Technology Officer	
	Authorized Party Name					Kevin P. Mostyn	
Attachments	File Name	Upload By	ed Attachment Type	Description	Upload Stat	us	
	2020 Annual EEO Public File F Bicoastal Longview.pdf	<u>Report -</u> Applica	nt EEO Public File Report	2020 Annual EEO Public File Report	Done with V and/or Conv		
	2021 Annual EEO Public File F Bicoastal Longview.pdf	<u>Report -</u> Applica	nt EEO Public File Report	2021 Annual EEO Public File Report	Done with V and/or Conv		
	EEO Narrative Statement - Bio	oastal Applica	nt Narrative	Narrative Statement	t Done with Virus Scan		

Statement

and/or Conversion

Longview.pdf