

Federal

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

 FRN: 0010778827
 File Number: 0000163208
 Submit Date: 10/07/2021
 Call Sign: KKJB
 Facility ID: 35097
 City:
BOISE State: ID Service: Full Service TelevisionPurpose: EEO ReportStatus: ReceivedStatus Date: 10/07/2021Filing Status: Active

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BOISE TELECASTERS, LP	Gary M. Cocola	+1 (559) 435-	garyc@cocolatv.	LIP
Doing Business As: BOISE	706 W. HERNDON	7000	com	
TELECASTERS, LP	AVENUE			
	FRESNO, CA 93650			
	United States			

Contact Represe

Contact Representatives	Contact Name	Address		Phone	Email		Contact Type
	Greg Best Consulting Engineer Greg Best Consulting, Inc.	16100 O Stilwell, ł United S		+1 (816) 792-2913	gbconsulting com	g54@gmail.	Technical Representative
	MICHAEL COUZENS LEGAL REPRESENTATIVE MICHAEL COUZENS ATTORNEY AT LAW	6536 TEI SUITE B	D, CA 94609	+1 (510) 658-7654	CUZ@WEL	L.COM	Legal Representative
	JAMES K. ZAHN BROADCAST CONSULTANT COCOLA BROADCASTING COMPANIES, LLC	AVENUE	ERNDON 9, CA 93650	+1 (559) 284-0302	jkz1938@gr	nail.com	BROADCAST CONSULTANT
Common	Facility Identifier	Call Sign	City	State	Гime Brokerage	Agreement	
Stations	35097	KKJB	BOISE	ID	No		
Program Report Questions	Section	Question				Response	
	Discrimination Complaints	this license te	ding or resolved o rm before any boo der federal, state,	dy having com	petent	No	

alleging unlawful discrimination in the employment practices

of the station(s)?

	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?	Yes			
Certification	Question	Question				
	trustee, authorized employe on behalf of the party filing t F.R. Section 1.23(a), who is or she has read the docume	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		10/07 /2021			
	Certified Title		Corpora Station Manage			
	Authorized Party Name		Kevin Mosesi			

Attachments

No Attachments.