

Federal

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

 FRN: 0010778827
 File Number: 0000163209
 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?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BOISE TELECASTERS, LP Doing Business As: BOISE	Gary M. Cocola 706 W. HERNDON	+1 (559) 435- 7000	garyc@cocolatv. com	LIP
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 Outle Stilwell, KS United Stat		+1 (816) 792-2913	3	gbconsulting54@gmail com	. Technical Representative
	MICHAEL COUZENS LEGAL REPRESENTATIVE MICHAEL COUZENS ATTORNEY AT LAW		MICHAEL (6536 TELE SUITE B20 OAKLAND, United Stat	GRAPH AVE. 1 CA 94609	+1 (510) 658-7654	1	CUZ@WELL.COM	Legal Representative
	JAMES K. ZAHN BROADCAST CONSULTANT COCOLA BROADCASTING COMPANIES, LLC	-	JAMES K. 2 706 W. HEI AVENUE FRESNO, 0 United Stat	RNDON CA 93650	+1 (559) 284-0302	2	jkz1938@gmail.com	BROADCAST CONSULTANT
Common	Facility Identifier	Call	Sign	City	State	Tim	e Brokerage Agreeme	nt
Stations	35097	KKJ	IB	BOISE	ID	No		
Program Report Questions	Section	Que	estion				Respons	e
	Discrimination Complaints			ng or resolved o before any boo	-		-	

jurisdiction under federal, state, territorial or local law,

of the station(s)?

alleging unlawful discrimination in the employment practices

	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.