

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002527612** | File Number: **0000186254** | Submit Date: **03/10/2022** | Call Sign: **KRMS-LD** | Facility ID: **182677**

City: **Lake Ozark** | State: **MO**

Service: **Low Power Digital TV** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/10/2022** | Filing Status:

Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Viper Communications, Inc.	Kenneth Kuenzie 5715 Osage Beach Parkway P.O. Box 225 Osage Beach, MO 65065 United States	+1 (573) 692-5716	ken@krmsradio.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Richard Hayes Attorney at Law Richard J. Hayes Attorney at Law	Richard Hayes 5876 Elena Vista Drive Roanoke, VA 24018 United States	+1 (207) 236-3333	fcclaw@rjhayes.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
182677	KRMS-LD	Lake Ozark	MO	No
35554	KRMS	OSAGE BEACH	MO	No
35553	KRMS-FM	OSAGE BEACH	MO	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

Responsibility for Implementation

Questions

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
Kenneth Kuenzie	President

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	03/10 /2022
Certified Title	President
Authorized Party Name	Kenneth Kuenzie

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KRMS - LD Narrative Exhibit.docx	Applicant	Narrative Statement	KRMS-LD Narrative Statement	Done with Virus Scan and /or Conversion
Y201001 - 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
Y211014 - Viper EEO Public File Report.pdf	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and /or Conversion