

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0029636099** File Number: **0000192363** Submit Date: **05/31/2022** Call Sign: **KGWC-TV** Facility ID: **63177**

City: CASPER State: WY

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 05/31/2022 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
BHTV LICENSE LLC Doing Business As: BIG HORN TELEVISION LLC	610 PEACHTREE PKWY SUITE 203 CUMMING, GA 30041 United States	+1 (678) 234- 1271	drmichaelhogan@gmail. com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Daniel Kirkpatrick Baker & Hostetler	1050 Connecticut Avenue, NW	+1 (202) 861- 1758	dkirkpatrick@bakerlaw. com	Legal Representative
LLP	Suite 1100 Washington, DC 20036 United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
63170	KGWR-TV	ROCK SPRINGS	WY	No
63162	KGWL-TV	LANDER	WY	No
63177	KGWC-TV	CASPER	WY	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?	Yes

Certification Question Response

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	05/31 /2022
Certified Title	President
Authorized Party Name	Michael Hogan

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,

Attachments

No Attachments.