

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0029636065** | File Number: **0000192687** | Submit Date: **06/01/2022** | Call Sign: **KFNB** | Facility ID: **74256** | City: **CASPER** | State: **WY**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2022** | 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
FRTV LICENSE LLC Doing Business As: FRONT RANGE TELEVISION LLC	2750 LUBERON LANE CUMMING, GA 30041 United States	+1 (678) 777-8659	bfielder@coastaltvgroup.com	LLC

Contact Representatives

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

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
21613	KFNE	RIVERTON	WY	No
74256	KFNB	CASPER	WY	No
21612	KFNR	RAWLINS	WY	No
190191	KWYF-LD	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?	No

Responsibility for Implementation

Additional
Program Report
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
Steve Scollard	General Manager

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	06/01 /2022
Certified Title	Manager
Authorized Party Name	William A Fielder , III .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
eeo-report-1-doc-kfnb-2021-20210601-195552784-pdf (1).pdf	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and /or Conversion
EEO Report-1 doc KFNB 2022.pdf	Applicant	All Purpose	2021-2022 EEO Public File Report	Done with Virus Scan and /or Conversion
KFNB EEO Narrative Statement.docx	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion