

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0027931195** | File Number: **0000105173** | Submit Date: **02/03/2020** | Call Sign: **KHBZ** | Facility ID: **26235** | City: **HARRISON** | State: **AR**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/03/2020** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO
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
OZARK MOUNTAIN MEDIA GROUP, LLC Doing Business As: OZARK MOUNTAIN MEDIA GROUP, LLC	47 PATTERSON AVE. BRANSON, MO 65616 United States	+1 (417) 337-7855	lauramiller@Khoz.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Paul Feldman FLETCHER, HEALD & HILDRETH, P.L.C.	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0400	Feldman@FHHLAW.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
26234	KHOZ	HARRISON	AR	No
26235	KHBZ	HARRISON	AR	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
Questions**

Responsibility for Implementation

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
Laura Miller	Office Manager

Certification

Question	Response
<p>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</p>	
<p>Certified Date</p>	<p>02/03 /2020</p>
<p>Certified Title</p>	<p>President</p>
<p>Authorized Party Name</p>	<p>Paul Coates</p>

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<p><u>01398938.DOCX</u></p>	<p>Applicant</p>	<p>Narrative Statement</p>		<p>Done with Virus Scan and/or Conversion</p>
<p><u>EEO Report 2018 (2).docx</u></p>	<p>Applicant</p>	<p>EEO Public File Report</p>		<p>Done with Virus Scan and/or Conversion</p>
<p><u>EEO Report 2019 (2).docx</u></p>	<p>Applicant</p>	<p>EEO Public File Report</p>		<p>Done with Virus Scan and/or Conversion</p>