

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0031100613** | File Number: **0000126144** | Submit Date: **11/16/2020** | Call Sign: **KOZY** | Facility ID: **34971** | City: **GRAND RAPIDS** | State: **MN**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/16/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	2020 EEO Program Report for License Renewals
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>LAMKE BROADCASTING, INC.</b> Doing Business As: LAMKE BROADCASTING, INC.	67769 300 353RD AVE. HILL CITY, MN 55748 United States	+1 (218) 679-8336	jimlamke@kozyradio.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jim Lamke Lamke Broadcasting, Inc.	PO Box 597 Grand Rapids, MN 55744 United States	+1 (218) 999-5699	jimlamke@kozyradio.com	Licensee

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
34972	KMFY	GRAND RAPIDS	MN	No
34971	KOZY	GRAND RAPIDS	MN	No
26005	KBAJ	DEER RIVER	MN	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
Jim Lamke	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	11/16 /2020
Certified Title	President
Authorized Party Name	Jim Lamke

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">FCC - Lamke Broadcasting, Inc. - 2019 EEO Annual Report.pdf</a>	Applicant	EEO Public File Report	2019 EEO Annual Report	Done with Virus Scan and /or Conversion
<a href="#">FCC - Lamke Broadcasting, Inc. - 2020 EEO Annual Report.pdf</a>	Applicant	EEO Public File Report	2020 EEO Annual Report	Done with Virus Scan and /or Conversion
<a href="#">Y201112 - Lamke Broadcasting - FCC EEO Policy Statement.docx</a>	Applicant	Narrative Statement	EEO Policy	Done with Virus Scan and /or Conversion