

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002321552
 File Number:
 0000134325
 Submit Date:
 02/01/2021
 Call Sign:
 KQNK
 Facility ID:
 52681
 City:

 NORTON
 State:
 KS

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 02/01/2021
 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 Form 396 2021	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>DIERKING COMMUNICATIONS, INC.</b> Doing Business As: Dierking Communications, Inc	937 Jayhawk Road Marysville, KS 66508 United States	+1 (785) 562- 2361	kndy@bluevalley. net	COR

Contact Representatives	Contact Name	A	ddress	Phone	Email	Contact Type
	Bruce Dierking DIERKING COMMUNICATIO	DNS, M 6	937 Jayhawk Road /larysville, KS 66508 Jnited States	+1 (785) 562- 2361	kndy@bluevalley. net	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agre	ement
	52690				No	

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
52680	KQNK-FM	NORTON	KS	No
52681	KQNK	NORTON	KS	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

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	02/01 /2021
Certified Title	President
Authorized Party Name	Bruce Dierking

## Attachments

No Attachments.