

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0011617263 Fi	ile Number: 0000147600	Submit Date: 05/27/2	2021 Call Sign: KVLC	Facility ID: 31530 City:
HATCH State: NM				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 05/27/2021	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.	2021 Model EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BRAVO MIC COMMUNICATIONS, LLC Doing Business As: BRAVO MIC COMMUNICATIONS, LLC	101 PERKINS DRIVE LAS CRUCES, NM 88005 United States	+1 (505) 527- 1111	msmith@bravomic. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Dennis P. Corbett Telecommunications Law Professionals PLLC	1025 Connecticut Ave, NW Suite 1011 Washington, DC 20036 United States	+1 (202) 789- 3115	dcorbett@tlp. law	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	31530	KVLC	НАТСН	NM	No
	54946	KMVR	MESILLA PARK	NM	No
	63453	KXPZ	LAS CRUCES	NM	Νο
	54945	KOBE	LAS CRUCES	NM	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		Consider as "fu	mploy fewer than five II-time" employees all re 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							
	Michael Smith President and CEO							
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							
	Certified Title							
	Authorized Party Name							
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Attachments	File Name	Uploaded By	I Attachment Type	Description	Upload S	itatus		
	<u>Bravo Mic EEO Form 396 Nar</u> (00181239xC33F1).pdf	rative Applicant	Narrative Statement	Bravo Mic EEO Narrativ	ve Done with Scan and Conversi	d/or		

Applicant

EEO

Report

Public File

Bravo Mic 2019-2020 and

2020-2021 Annual EEO

Reports

Done with Virus

Scan and/or

Conversion

Bravo Mic Model EEO Program Report

Exhibit 1 (00181199xC33F1).pdf