

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004992301** File Number: **0000149387** Submit Date: **06/01/2021** Call Sign: **KISK** Facility ID: **164263** City:

CAL-NEV-ARI State: NV

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 06/01/2021 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.	Smoke and Mirrors EEO Program Report
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
Smoke and Mirrors, LLC Doing Business As: Smoke and Mirrors, LLC	2068 McCulloch Blvd Lake Havasu City, AZ 86403 United States	+1 (928) 733- 6274	info@maddog. net	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Faron Eckelbarger Technical Representative Smoke & Mirrors, LLC	2068 McCulloch Blvd Lake Havasu City, AZ 86403 United States	+1 (928) 706- 5652	faron.eckelbarger@gmail. com	Technical Representative
Dawn M. Sciarrino , Esq . Legal Representative Sciarrino & Shubert, PLLC	Dawn M. Sciarrino 330 Franklin Road Ste. 135A-133 Brentwood, TN 37027 United States	+1 (202) 256- 9551	Dawn@sciarrinolaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
38314	KRRK	DESERT HILLS	AZ	No
164263	KISK	CAL-NEV-ARI	NV	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	Yes
	those permanently working 30 or more hours a week?	

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 /2021
Certified Title	President /Owner
Authorized Party Name	Rick Murphy

Attachments

No Attachments.