

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

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FRN: 0006335	5 806 F	ile Number: 0000157096	Submit Date: 08/13/2	021 Call Sign	n: KUKN	Facility ID: 38378	City:
LONGVIEW	State: W	Α					
Service: Full Po	ower FM	Purpose: EEO Report	Status: Received	Status Date: 08	/13/2021	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 EEO Program for License Renewal
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WASHINGTON INTERSTATE BROADCASTING, INC. Doing Business As: WASHINGTON INTERSTATE BROADCASTING, INC.	PO Box 90 KELSO, WA 98626 United States	+1 (360) 636- 0110	fcclaw@rjhayes. com	COR

Contact Representatives	Contact Name	Address	Phone		Email	Contact Type
	RICHARD J HAYES , jr . Attorney ATTORNEY AT LAW	RICHARD J HA 27 Waters Edge Lincolnville, ME United States	Drive	36-3333	fcclaw@rjhayes.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Ag	reement
	38378	KUKN	LONGVIEW	WA	No	
	70647	KLOG	KELSO	WA	No	
Program Report	Section	Question			Resp	oonse

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

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
Joel Hanson	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	08/13 /2021
Certified Title	President
Authorized Party Name	Joel Hanson

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Washington Interstate Broadcasting Company.docx	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
<u>Y191001 - WIBC 2018-2019 EEO</u>	Applicant	EEO Public	2018-2019 EEO	Done with Virus Scan and
Public File Report.pdf		File Report	Public File Report	/or Conversion
Y201001 - WIBC 2019-2020 EEO	Applicant	EEO Public	2019-2020 EEO	Done with Virus Scan and
Public File Report.pdf		File Report	Public File Report	/or Conversion