

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004329355 Fi	ile Number: 0000154652	Submit Date: 07/29/	2021 Call Sign: KHUM	Facility ID: 33653 City:
CUTTEN State: CA				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 07/29/2021	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.	Lost Coast EEO Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
LOST COAST COMMUNICATIONS, INC.	P.O. BOX 25	+1 (707) 786-	INFO@KHUM.	COR
Doing Business As: LOST COAST	1400 MAIN	5104	COM	
COMMUNICATIONS, INC.	STREET			
	FERNDALE, CA			
	95536			
	United States			

Contact	Contact Name	Address	Phone Email		Contact Type	
Representatives	Dan J Alpert Legal Counsel THE LAW OFFICE OF DAN J. ALPERT	2120 21st Rd. N Arlington, VA 22201 United States	+1 (703) 243- 8690	DJA@COMMLAW. TV	Legal Representative	

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	33653	KHUM	CUTTEN	CA	No
	71700	KSLG-FM	ARCATA	CA	Νο
	49308	KWPT	FORTUNA	CA	No
	82688	KLGE	HYDESVILLE	CA	Νο

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	full-time employ	yees? Co	yment unit employ fe nsider as "full-time" e ing 30 or more hours	mployees all	No	
Program Report	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						
	Nicole Goble Director of Operations						
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						07/29 /2021
	Certified Title						President
	Authorized Party Name						Patrick Cleary
Attachments	File Name	Upl By	oaded	Attachment Type	Description	Upload Status	
	EEO ANNUAL REPORT 2020.	ANNUAL REPORT 2020.pdf Applicant EEO Public File Done with Virus Sca Report Conversion			Done with Virus Scar Conversion	ו and/or	
	EEO ANNUAL REPORT 2021.	DRT 2021.pdf Applicant EEO Public File Done with Virus Sca Report Conversion			Done with Virus Scar Conversion	ו and/or	
	Lost Coast Communications Ef	EO Apr	olicant	t Narrative Done with Virus Sca Statement Conversion			ו and/or