

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0017020009 File Number: 0000161163 Submit Date: 09/29/2021 Call Sign: KYVL Facility ID: 14352 City: MEDFORD State: OR Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 09/29/2021 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.	Form 396 for Rogue Valley /Medford
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BICOASTAL MEDIA LICENSES VI, LLC	Kevin P. Mostyn 1 BLACKFIELD DRIVE # 333 TIBURON, CA 94920 United States	+1 (415) 789- 5035	kevin@bicoastal. media	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Melodie A. Virtue FCC Counsel Foster Garvey PC	1000 Potomac Street, NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-2527	melodie.virtue@foster.com	Legal Representative

Common **Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
40983	KLDZ	MEDFORD	OR	No
14352	KMED	MEDFORD	OR	No
27229	KRWQ	GOLD HILL	OR	No
185438	KCMD	GRANTS PASS	OR	No
60181	KYVL	EAGLE POINT	OR	No
42657	KIFS	ASHLAND	OR	No

Program Report	Section	Question	Response	
Questions	grain Report	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	/ees? Cons	nent unit employ f ider as "full-time" 3 30 or more hours	employees all	No			
Additional 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								
	George Feola Market Manager								
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						09/29/2021		
	Certified Title						Vice President /Chief Technology Officer		
	Authorized Party Name						Kevin P. Mostyn		
Attachments	File Name		Jploaded By	Attachment Type	Description	Upload Statu	IS		
	2020 Annual EEO Public File R Bicoastal Rogue Valley.pdf	<u>Report -</u>	Applicant	EEO Public File Report	2020 EEO Public File Report		Done with Virus Scan and or Conversion		
	2021 Annual EEO Public File R Bicoastal Rogue Valley.pdf	Report -	Applicant	EEO Public File Report	2021 EEO Public File Report	Done with Virus Scan and /or Conversion			

Applicant

Narrative

Statement

Narrative

Statement

Done with Virus Scan and

/or Conversion

Bicoastal Rogue Valley EEO Narrative

Statement 2021.pdf