

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0006335806
 File Number:
 0000169948
 Submit Date:
 11/19/2021
 Call Sign:
 KUKN
 Facility ID:
 38378
 City:

 LONGVIEW
 State:
 WA

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 11/19/2021
 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.	Revised 396, Washington Interstate Broadcasting Company, Inc.
	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.	Joel Hanson PO Box 90 KELSO, WA 98626 United States	+1 (360) 636- 0110	fcclaw@rjhayes. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	RICHARD J HAYES , jr . Attorney ATTORNEY AT LAW	RICHARD J HAYES, Jr 27 Waters Edge Drive Lincolnville, ME 04849 United States	+1 (207) 236-3333	fcclaw@rjhayes.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	70647	KLOG	KELSO	WA	No
	38378	KUKN	LONGVIEW	WA	No

<b>Program Report</b>
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

Program Report 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 trustee, authorized employee, or other individual or duly elec behalf of the party filing the report; or (b) an attorney qualifie R. Section 1.23(a), who is authorized to represent the party she has read the document; that to the best of his or her kno to support it; and that it is not interposed for delay	ted or appointed official who is authorized to sign on d to practice before the Commission under 47 C.F. filing the report, and who further certifies that he or		
	Certified Date		11/19 /2021	
	Certified Title			
	Authorized Party Name		Joel Hanson	

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019-2020 EEO Public File	Applicant	EEO Public	2019-2020 EEO Public File	Done with Virus Scan and
Report WIBC.pdf		File Report	Report WIBC	/or Conversion
2020-2021 EEO Public File	Applicant	EEO Public	2020-2021 EEO Public File	Done with Virus Scan and
Report WIBC.pdf		File Report	Report WIBC	/or Conversion
Narrative Statement Exhibit. docx	Applicant	Narrative Statement	Narrative Statement Exhibit	Done with Virus Scan and /or Conversion