

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001755123** | File Number: **0000204564** | Submit Date: **11/30/2022** | Call Sign: **WELR-FM** | Facility ID: **18135**  
 City: **ROANOKE** | State: **AL**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/30/2022** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	EEO Eagle's Nest Inc.
<b>Attachments</b>	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
<b>EAGLE'S NEST, INC.</b> Doing Business As: EAGLE'S NEST, INC.	Coleman Vice 6855 HIGHWAY 431 ROANOKE, AL 36274 United States	+1 (706) 881-1020	COleman@Eagle1023.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Coleman Vice Owner Eagle's Nest Inc.	Coleman Vice 304 East Broome St. LaGrange, GA 30240 United States	+1 (706) 845-1023	Coleman@Eagle1023.com	Owner

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
141671	W234BQ	AUBURN	AL	No
18134	WLWE	ROANOKE	AL	No
18135	WELR-FM	ROANOKE	AL	No
32980	WLAG	LA GRANGE	GA	No
138348	W245AW	LA GRANGE	GA	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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?	Yes
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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	11/30/2022
Certified Title	Owner
Authorized Party Name	Coleman Vice

Attachments

No Attachments.