



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **125327** | Service: **LPA** | Call **KDSO-LD** | Channel: **16 (UHF)**
ID: | Sign:
File **0000106319**
Number:
FRN: **0010172351** | Eligibility **Eligible** | Date **10/16**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
theDove Media, Inc. Applicant	theDove Media, Inc. 2070 MILLIGAN WAY MEDFORD, OR 97504 United States	+1 (541) 776-5368	PATKINSON@THEDOVE.US	Other

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Filed for and construction permit granted for channel 16 as a displacement channel for channel 44. Completed November 20, 2018.

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	UAXTE-1-C
	Year	2018
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	200 W

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-1P-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	200 W
	Justification for New Transmitter	Different power requirements from FCC construction permit.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No

Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
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Primary Transmitter

Other Transmitter Cost Not Listed

Name		Description
Gates Air Filter System		Mask filter system- \$4,317.33

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Ownership	Owned
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	super turnstile
	ERP: (Effective Radiated Power)	1.45 kW
	Manufacturer	
	Model	750 10272 UHF
	Year	2018

**Facility ID's and Call Signs of
all stations with whom the
antenna is shared.**

Facility ID	Call Sign
129254	KDOV-LD

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	Yes
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	super turnstile
	ERP: (Effective Radiated Power)	1.45 kW
	Manufacturer	
	Model	750 10272 UHF
	Year	2018
	Justification for New Antenna	New construction

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New

	Number of channels supported	2
	Frequencies of channels supported	RF channel
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

Enter a list of RF channel numbers.

RF Channel Number
18
16

Primary Antenna

Other Antenna Cost Not Listed
Information not provided.

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary
Transmission Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	7/8 inches
	Number of parallel runs	1
	Length	65 feet per run

Facility ID's and Call Signs of all stations with whom the transmission line is shared.

Facility ID	Call Sign
129254	KDOV-LD

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	7/8 inches
	Number of parallel runs	1
	Length	80 feet per run
	Justification for New Transmission Line	new construction
Interior RF Systems	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
back ordered items	hangers and ground kits etc.

**Tower
Equipment
And
Rigging
Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Primary
Tower**

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	42° 17' 51.4" N-
	Longitude (NAD83)	122° 45' 04.1" W-
	Overall Structure Height	42.60 feet
	Support Structure Height	42.60 feet
	Ground Elevation Above Mean Sea Level (AMSL)	3799.00 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	American Tower
	Date Constructed	07/20/2014

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

Primary Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	No
Outside RF consulting Engineering Services	Perform engineering study for displacement application	Yes
	Prepare engineering section of Form FCC Construction Permit Application	No
	Prepare engineering section of Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Prepare Form 601	No
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No

RF exposure measurements	No
Additional Field Engineering Service	No

**Outside
Professional**

Other Professional Services Expenses Not Listed

Services Costs

Name	Description
Cohn and Marks LLP	FCC attorney legal expenses

**Other
Expenses**

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Freight	shipping for transmitter

Cost Information

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter UAXTE-1P-C	\$28,403.30	\$21,378.30		\$21,378.30	
Gates Air Filter System	<i>\$4,103.30</i>	\$4,103.30	readjusted request for mask filter. explanation emailed to FCC reimbursement team.	\$4,103.30	Removing request for Mask Filter System per your Ref: MSG4987182 Requesting reimbursement for cost of mask filter system only. quote attached. Original requests was \$4317.33 We will not now or in the future request the balance of this charge.
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$17,275.00	N/A	\$17,275.00	Transmitter
Sub-total	\$28,403.30	\$21,378.30	N/A	\$21,378.30	N/A
Total for all systems	\$114,146.48	\$46,775.14	N/A	\$44,471.39	N/A

Components

Actual Information	
Description	File Name
Gates Air Filter System	Component Description: Mask filter system cost is under RF Accessories. explanation attached with invoice and quote description.
	Amount: \$4,103.30
	Component Description: Mask Filter system Amount: N/A
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	Component Description: Transmitter. We will not request now or in the future the remaining \$17275. We have requested \$4,103. shown on this invoice in another portion of form 399. Amount: \$17,275.00

Cost
Information

Antennas

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna 750 10272 UHF	\$5,102.00	\$5,102.00		\$5,102.00	
UHF-Low Power, Top Mount, Other, 1.45kW input, Horizontal	\$5,102.00	\$5,102.00	Broadcast antenna	\$5,102.00	N/A
Sub-total	\$5,102.00	\$5,102.00	N/A	\$5,102.00	N/A
Total for all systems	\$114,146.48	\$46,775.14	N/A	\$44,471.39	N/A

Components

Actual Information Description	File Name
UHF-Low Power, Top Mount, Other, 1.45kW input, Horizontal	<div>Component Description:Scala UHF Super turnstile antenna, 470-862MHZ, 7.5 DBD Gain, Horiz. Pol 1KW Max PWR, 7-16 DIN F Input Scala Mounting Kit for super turnstile antenna Freight</div> <div>Amount:\$5,102.00</div>

Cost
Information

Transmission Line

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$1,009.93	\$789.59		\$789.59	
Flexible Foam Transmission Line - dielectric, 7/8"	\$880.00	\$659.66	N/A	\$659.66	N/A
back ordered items	\$129.93	\$129.93	N/A	\$129.93	N/A
Sub-total	\$1,009.93	\$789.59	N/A	\$789.59	N/A
Total for all systems	\$114,146.48	\$46,775.14	N/A	\$44,471.39	N/A

Components

Actual Information Description	File Name
Flexible Foam Transmission Line - dielectric, 7/8"	<div>Component Description: transmission line</div> <div>Amount: \$602.17</div> <div>Component Description: connectors and tool</div> <div>Amount: \$57.49</div>
back ordered items	<div>Component Description: back ordered items</div> <div>Amount: \$129.93</div>

Cost
Information

Tower Equipment and Rigging Costs

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$56,190.00	\$750.00		\$750.00	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$750.00	N/A	\$750.00	N/A
Sub-total	\$56,190.00	\$750.00	N/A	\$750.00	N/A
Total for all systems	\$114,146.48	\$46,775.14	N/A	\$44,471.39	N/A

Components

Actual Information	
Description	File Name
Tower Rigging Short Tower (less than 500')	Component Description: tower rigging Amount: \$750.00

Cost Information

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$22,241.25	\$17,555.25		\$15,251.50	
Cohn and Marks LLP	<i>\$1,543.75</i>	\$1,543.75	FCC attorney legal expenses	\$950.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$4,470.00	\$3,325.00	N/A	\$3,325.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$921.50	N/A	\$921.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$142.50	N/A	\$142.50	N/A

Prepare request for Special Temporary Authorization	\$2,560.00	\$2,422.50	N/A	\$2,422.50	There are multiple costs on one invoice. there is an explanation summary attached to the pdf file for invoice # 1015856.
Perform engineering study for displacement application	\$1,800.00	\$1,935.00	invoices don't match components on this form we've combined all engineering study invoices	\$1,935.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Consulting Engineer	\$5,555.00	\$5,555.00	***System Notice: Estimate adjusted and locked because line has been superseded.***	\$5,555.00	N/A
Sub-total	\$22,241.25	\$17,555.25	N/A	\$15,251.50	N/A
Total for all systems	\$114,146.48	\$46,775.14	N/A	\$44,471.39	N/A

Components

Actual Information
Description

File Name

Component Description: correspondence re
PN freezing filing
minor change
applications
Amount: \$118.75

Component Description: correspondence re
auction closing and
channel
reassignment PN.
We will not be
requesting the
remaining balance
of this invoice now
or in the future.
Amount: \$118.75

Component Description: correspondence
regarding deadline
on post-auction
progress reports.
Amount: \$237.50

Component Description: correspondence re
displacement and
post auction
applications.
Reduced requested
reimbursement
amount. removed
request for item on
5/18/17. We will not
be requesting
reimbursement for
the balance of this
invoice now or in
the future.
Amount: \$475.00

<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<table> <tr> <td data-bbox="697 100 1114 481"> <p>Component Description:</p> </td><td data-bbox="1114 100 1428 481"> <p>sta prep. This invoices has charges that do not relate to KDSO-LD. We will not be requesting the remaining balance of the invoice.</p> </td></tr> <tr> <td data-bbox="697 481 1114 616"> <p>Amount:</p> </td><td data-bbox="1114 481 1428 616"> <p>\$1,092.50</p> </td></tr> <tr> <td data-bbox="697 616 1114 763"> <p>Component Description:</p> </td><td data-bbox="1114 616 1428 763"> <p>STA Prep</p> </td></tr> <tr> <td data-bbox="697 763 1114 763"> <p>Amount:</p> </td><td data-bbox="1114 763 1428 763"> <p>\$2,232.50</p> </td></tr> </table>	<p>Component Description:</p>	<p>sta prep. This invoices has charges that do not relate to KDSO-LD. We will not be requesting the remaining balance of the invoice.</p>	<p>Amount:</p>	<p>\$1,092.50</p>	<p>Component Description:</p>	<p>STA Prep</p>	<p>Amount:</p>	<p>\$2,232.50</p>
<p>Component Description:</p>	<p>sta prep. This invoices has charges that do not relate to KDSO-LD. We will not be requesting the remaining balance of the invoice.</p>								
<p>Amount:</p>	<p>\$1,092.50</p>								
<p>Component Description:</p>	<p>STA Prep</p>								
<p>Amount:</p>	<p>\$2,232.50</p>								
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<table> <tr> <td data-bbox="697 763 1114 929"> <p>Component Description:</p> </td><td data-bbox="1114 763 1428 929"> <p>license application prep</p> </td></tr> <tr> <td data-bbox="697 929 1114 1064"> <p>Amount:</p> </td><td data-bbox="1114 929 1428 1064"> <p>\$399.00</p> </td></tr> <tr> <td data-bbox="697 1064 1114 1238"> <p>Component Description:</p> </td><td data-bbox="1114 1064 1428 1238"> <p>Displacement application prep</p> </td></tr> <tr> <td data-bbox="697 1238 1114 1238"> <p>Amount:</p> </td><td data-bbox="1114 1238 1428 1238"> <p>\$522.50</p> </td></tr> </table>	<p>Component Description:</p>	<p>license application prep</p>	<p>Amount:</p>	<p>\$399.00</p>	<p>Component Description:</p>	<p>Displacement application prep</p>	<p>Amount:</p>	<p>\$522.50</p>
<p>Component Description:</p>	<p>license application prep</p>								
<p>Amount:</p>	<p>\$399.00</p>								
<p>Component Description:</p>	<p>Displacement application prep</p>								
<p>Amount:</p>	<p>\$522.50</p>								
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="697 1238 1114 1404"> <p>Component Description:</p> </td><td data-bbox="1114 1238 1428 1404"> <p>construction permit prep</p> </td></tr> <tr> <td data-bbox="697 1404 1114 1538"> <p>Amount:</p> </td><td data-bbox="1114 1404 1428 1538"> <p>\$142.50</p> </td></tr> <tr> <td data-bbox="697 1538 1114 1664"> <p>Component Description:</p> </td><td data-bbox="1114 1538 1428 1664"> <p>form 2100 prep</p> </td></tr> <tr> <td data-bbox="697 1664 1114 1664"> <p>Amount:</p> </td><td data-bbox="1114 1664 1428 1664"> <p>N/A</p> </td></tr> </table>	<p>Component Description:</p>	<p>construction permit prep</p>	<p>Amount:</p>	<p>\$142.50</p>	<p>Component Description:</p>	<p>form 2100 prep</p>	<p>Amount:</p>	<p>N/A</p>
<p>Component Description:</p>	<p>construction permit prep</p>								
<p>Amount:</p>	<p>\$142.50</p>								
<p>Component Description:</p>	<p>form 2100 prep</p>								
<p>Amount:</p>	<p>N/A</p>								

Prepare request for Special Temporary Authorization		
	Component Description:	STA prep
	Amount:	\$2,422.50
	Component Description:	Email re: FCC PN Lifting freeze on minor modifications to LPTV CP
	Amount:	\$142.50
	Component Description:	Ch. 16 displacement application filing
	Amount:	\$522.50
	Component Description:	sta prep
	Amount:	N/A
	Component Description:	Review Ch. 16 displacement CP
	Amount:	\$2,232.50

Perform engineering study for displacement application	<div data-bbox="703 174 1378 566"> <p>Component Description: amendment with letter of explanation and consultation fee. We will not be requesting the balance for the remaining charge of \$60 as it is not for KDSO-LD.</p> <p>Amount: \$60.00</p> </div> <div data-bbox="703 674 1378 1263"> <p>Component Description: ch 16 license app. The attached invoice shows license application charges for two stations. We are only requesting reimbursement for one station so we will not be requesting the remaining balance of invoice 46256 for \$180.</p> <p>Amount: \$180.00</p> </div> <div data-bbox="703 1370 1351 1520"> <p>Component Description: Displacement study, app & STA request</p> <p>Amount: \$1,575.00</p> </div> <div data-bbox="703 1628 1300 1738"> <p>Component Description: ch 16 app for conflicts</p> <p>Amount: \$120.00</p> </div>
Prepare/ Review 399 reimbursement form	Information not provided.

Consulting Engineer

Component Description: transmitter
consultant and
expenses
Amount: \$1,682.73

Component Description: Transmitter
consultant and
expenses-revised
invoice fixing
clerical error and
Valmont invoice is
attached for freight
only expense. The
pipe mount was
expensed on Sept.
2018 invoice.
Amount: \$1,778.56

Component Description: Transmitter
consultant
Amount: \$500.00

Component Description: Transmitter
consultant and
expenses
Amount: \$1,593.71

Cost
Information

Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$1,200.00	\$1,200.00		\$1,200.00	
Freight	<i>\$1,200.00</i>	\$1,200.00	N/A	\$1,200.00	N/A
Sub-total	\$1,200.00	\$1,200.00	N/A	\$1,200.00	N/A
Total for all systems	\$114,146.48	\$46,775.14	N/A	\$44,471.39	N/A

Components

Actual Information	
Description	File Name
Freight	
	Component Description: freight for transmitter
	Amount: \$1,200.00
	Component Description: Freight for transmitter for KDSO-LD, please note order number referenced is order # from transmitter invoice.
	Amount: \$1,200.00

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$114,146.48	\$46,775.14
			\$44,471.39

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Perry
Allmand
Atkinson**
*President
/CEO*

10/16/2020

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Perry Atkinson <i>President /CEO</i></p> <p>10/16/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Perry
Atkinson**
*President
/CEO*

10/16/2020

Attachments