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January 2015

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0030611438** | File Number: **CPR-147845** | Submit Date: **11/06/2013** | Call Sign: **K31KH-D** | Facility ID: **125591**
City: **STATELINE** | State: **NV**
Service: **Low Power Digital TV** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **11/06/2013** | Filing Status: **Active**

Report reflects information for : Third Quarter of 2013

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type

Contact Representatives (0)

Contact Name	Address	Phone	Email	Contact Type

Children's Television Information

Section	Question	Response
Station Type	Station Type	Independent
	Affiliated network	
	Nielsen DMA	Reno
	Web Home Page Address	

Digital Core Programming

Question	Response
State the average number of hours of Core Programming per week broadcast by the station on its main program stream	4.0
State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream	4.0
State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:	6.0
Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673?	Yes
Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program stream) did not consist of program episodes that had already aired within the previous seven days either on the station's main program stream or on another of the station's free digital program streams?	Yes

Digital Core Programs(0)

Non-Core Educational and Informational Programming (0)

Sponsored Core Programming (0)

Liaison Contact

Question	Response
Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii)?	Yes
Name of children's programming liaison	Peter Loughlin
Address	3445 Lake Tahoe Bld. Suite A
City	South Lake Tahoe
State	CA
Zip	96150
Telephone Number	530-541-7768
Email Address	ploughlin@outsidetelevision.com
Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act (or use this space for supplemental explanations). This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.	

Other Matters (0)

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, 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 Children's Television Programming; 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 Children's Television Programming, 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. **FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID** Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
I certify that this application includes all required and relevant attachments.	
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**RSN West, LLC**

Attachments

No Attachments.