



(REFERENCE COPY - Not for submission)

# Annual DTV Ancillary/Supplementary Services Report

File Number: **0000017403** | Submit Date: **11/15/2016** | Call Sign: **K15IC-D** | Facility ID: **181897** | FRN: **0028114551**  
State: **California** | City: **WEED**  
Service: **LPD** | Purpose: **Annual Ancillary/Supplemental Service Report** | Status: **Received** | Status Date: **11/15/2016**  
Filing Status: **Active**

## General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CTB SPECTRUM SERVICES LLC</b> Doing Business As: CTB SPECTRUM SERVICES LLC	P.O. BOX 682 LONGVIEW, WA 98632 United States	+1 (206) 963-2198	VFOTHERINGHAM@YAHOO. COM	Limited Liability Company

### Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Contact  
Representatives  
(2)**

Contact Name	Address	Phone	Email	Contact Type
<b>JESUS M. ORTEGA</b> <i>TECHNICAL CONSULTANT</i> JESS@OREGONBES.COM	60891 ROBINETTE ROAD SAINT HELENS, OR 97051 United States	+1 (503) 366-1498	JESS@OREGONBES. COM	Technical Representative
<b>PETER TANNENWALD</b> <b>TANNENWALD TANNENWALD</b> <i>ESQ</i> FLETCHER, HEALD, & HILDRETH, P. L.C.	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0404	TANNENWALD@FHHLAW. COM	Legal Representative

**Ancillary  
/Supplementary  
Services**

Section	Question	Response
	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?	No
	Are there any other stations by the same licensee that have not provided such services?	Yes

Call Sign	City	State	Licensee
K44JW-D	THREE FORKS	MT	CTB SPECTRUM SERVICES, LLC
K32JK-D	BOISE	ID	CTB SPECTRUM SERVICES, LLC
K36JZ-D	ROSEBURG	OR	CTB SPECTRUM SERVICES, LLC
K39KM-D	WEED	CA	CTB SPECTRUM SERVICES, LLC
K22JK-D	MOSES LAKE	WA	CTB SPECTRUM SERVICES, LLC
K24JI-D	HERMISTON	OR	CTB SPECTRUM SERVICES, LLC
K38LL-D	WEED	CA	CTB SPECTRUM SERVICES, LLC
K28LC-D	REDDING	CA	CTB SPECTRUM SERVICES, LLC
K43MK-D	ROSEBURG	OR	CTB SPECTRUM SERVICES, LLC
K34KY-D	MOUNTAIN HOME	ID	CTB SPECTRUM SERVICES, LLC
K45KX-D	WEED	CA	CTB SPECTRUM SERVICES, LLC
K30KR-D	BOISE	ID	CTB SPECTRUM SERVICES, LLC
K51KY-D	HERMISTON	WA	CTB SPECTRUM SERVICES, LLC
K42JJ-D	TWIN FALLS	ID	CTB SPECTRUM SERVICES, LLC
K28LA-D	YREKA	CA	CTB SPECTRUM SERVICES, LLC
K22JS-D	ASHLAND	OR	CTB SPECTRUM SERVICES, LLC
K42JG-D	MOUNTAIN HOME	ID	CTB SPECTRUM SERVICES, LLC
K42JB-D	WYOLA	MT	CTB SPECTRUM SERVICES, LLC
K24IQ-D	BILLINGS	MT	CTB SPECTRUM SERVICES, LLC
K29JB-D	MOSES LAKE	WA	CTB SPECTRUM SERVICES, LLC

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K30KN-D	WYOLA	MT	CTB SPECTRUM SERVICES, LLC
K29JD-D	REDDING	CA	CTB SPECTRUM SERVICES, LLC
K28LF-D	BILLINGS	MT	CTB SPECTRUM SERVICES LLC
K21KD-D	WYOLA	MT	CTB SPECTRUM SERVICES, LLC
K33KP-D	BILLINGS	MT	CTB SPECTRUM SERVICES, LLC
K43MG-D	HERMISTON	WA	CTB SPECTRUM SERVICES, LLC
K42KA-D	MOSES LAKE	WA	CTB SPECTRUM SERVICES LLC
K31KR-D	THREE FORKS	MT	CTB SPECTRUM SERVICES, LLC
K32JM-D	TWIN FALLS	ID	CTB SPECTRUM SERVICES, LLC
K40KR-D	MEDFORD	OR	CTB SPECTRUM SERVICES, LLC
K40KQ-D	WYOLA	MT	CTB SPECTRUM SERVICES, LLC
K48LV-D	THREE FORKS	MT	CTB SPECTRUM SERVICES, LLC
K46KO-D	THREE FORKS	MT	CTB SPECTRUM SERVICES, LLC
K16IG-D	COTTAGE GROVE	OR	CTB SPECTRUM SERVICES, LLC
K32JE-D	QUINCY	WA	CTB SPECTRUM SERVICES, LLC
K38LU-D	BILLINGS	MT	CTB SPECTRUM SERVICES LLC

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**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).</p>	
	<p>The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</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><b>Vernon L. Fotherinham</b> <i>Member</i></p> <p>11/15/2016</p>

## Attachments

Information not provided.