



(REFERENCE COPY - Not for submission)

# Annual DTV Ancillary/Supplementary Services Report

File Number: **0000018575** | Submit Date: **11/30/2016** | Call Sign: **K16CG-D** | Facility ID: **13836** | FRN: **0007251655** | State: **Minnesota** | City: **ST. JAMES**  
Service: **LPD** | Purpose: **Annual Ancillary/Supplemental Service Report** | Status: **Received** | Status Date: **11/30/2016**  
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>COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA</b> Doing Business As: COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA	David Sunderman PO BOX 8 MANKATO, MN 56002 United States	+1 (507) 387-7963	dsunderman@benco.org	Not-for-Profit

### 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>Shelley Sadowsky</b> <b>Sadowsky , Esq .</b> Shelley Sadowsky, LLC	5938 Dorchester Way Rockville, MD 20852 United States	+1 (202) 997-9392	shelley@sadowskycommllaw. com	Legal Representative
<b>Thomas Uppman</b> <i>TECHNICAL</i> <i>CONSULTANT</i> Uppman Technical Services	Thomas Uppman UPPMAN TECHNICAL SERVICES, INC. 27408 Scenic Byway Road BELLE PLAINE, MN 56011 United States	+1 (952) 237-3783	thomas@uppmantech.com	Technical 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
K21DG-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K14KE-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K16CG-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K20LP-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K43MJ-D	JACKSON	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K40BU-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K45LJ-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K21KF-D	FROST	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K34JX-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOC OF SOUTHERN MINNESOTA
K47MI-D	FROST	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K31KV-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K35KI-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K32GX-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K24JV-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K23FY-D	FROST	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K30KQ-D	JACKSON	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K23MF-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K30FN-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K44AD-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K26CS-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K41IZ-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
K49HE-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA

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K29IE-D	ST. JAMES	MN	COOPERATIVE TELEVISION ASSOC OF SOUTHERN MINNESOTA
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K40LA-D	JACKSON	MN	COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA
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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>Martin Imlay</b> <i>President</i></p> <p>11/30/2016</p>

## Attachments

Information not provided.