



(REFERENCE COPY - Not for submission)

# Annual DTV Ancillary/Supplementary Services Report

File Number: 0000034235 | Submit Date: 10/26/2017 | Call Sign: KVTU-LD | Facility ID: 130176 | FRN: 0019866425 |

State: California | City: AGOURA HILLS

Service: LPD | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 10/26/2017 |

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
DTV AMERICA CORPORATION	1671 NW 144TH TERRACE, SUITE 110 SUNRISE, FL 33323 United States	+1 (954) 606-5486	JKYLE@DTVAMERICA.COM	Corporation

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  
(1)

Contact Name	Address	Phone	Email	Contact Type
RENEE ILHARDT DTV AMERICA CORPORATION	1671 NW 144TH TERRACE, SUITE 110 SUNRISE, FL 33323 United States	+1 (954) 606-5486	RENEE@DTVAMERICA. COM	CORPORATE REPRESENTATIVE

**Ancillary  
/Supplementary  
Services**

Call Sign	City	State	Licensee
KBBA-LD	Cedar Rapids	IA	DTV AMERICA CORPORATION
KLKW-LD	AMARILLO	TX	DTV AMERICA CORPORATION
K16JC-D	BEAUMONT	TX	DTV AMERICA CORPORATION
W31DZ-D	CLARKSDALE	MS	DTV AMERICA CORPORATION
WQDI-LD	Cleveland	OH	DTV AMERICA CORPORATION
KBMN-LD	BEAUMONT	TX	DTV AMERICA CORPORATION
WLDW-LD	Charleston	SC	DTV AMERICA CORPORATION
WUDI-LD	Charleston	SC	DTV AMERICA CORPORATION
WCZC-LD	AUGUSTA	GA	DTV AMERICA CORPORATION
WUEM-LD	ATHENS	GA	DTV AMERICA CORPORATION
WFCU-LD	AUGUSTA	GA	DTV AMERICA CORPORATION
KTJX-LD	Austin	TX	DTV AMERICA CORPORATION
KFKZ-LD	Cedar Rapids	IA	DTV AMERICA CORPORATION
WDXA-LD	Charleston	SC	DTV AMERICA CORPORATION
KBKI-LD	BOISE	ID	DTV AMERICA CORPORATION
WQDU-LD	ALBANY	GA	DTV AMERICA CORPORATION
KMZM-LD	Cedar Rapids	IA	DTV AMERICA CORPORATION
WUCV-LD	Charlotte	NC	DTV AMERICA CORPORATION
WOCW-LP	CHARLESTON	WV	DTV AMERICA CORPORATION
KMIK-LD	Cedar Rapids	IA	DTV AMERICA CORPORATION
WDWW-LP	CLEVELAND	GA	DTV AMERICA CORPORATION
WCYD-LD	Charleston	SC	DTV AMERICA CORPORATION
WEQA-LD	Charleston	SC	DTV AMERICA CORPORATION
KAUO-LD	AMARILLO	TX	DTV AMERICA CORPORATION
WWEK-LD	AUGUSTA	GA	DTV AMERICA CORPORATION
KFLL-LD	BOISE	ID	DTV AMERICA CORPORATION
W29EM-D	CLARKSDALE	MS	DTV AMERICA CORPORATION
W38EM-D	ALBANY	GA	DTV AMERICA CORPORATION
WCZU-LD	BOWLING GREEN	KY	DTV AMERICA CORPORATION
WIEF-LD	ATHENS	GA	DTV AMERICA CORPORATION
KMKI-LD	Cedar Rapids	IA	DTV AMERICA CORPORATION
WKUT-LD	BOWLING GREEN	KY	DTV AMERICA CORPORATION

## Certification

Section	Question	Response
<b>General Certification Statements</b>	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.).	
	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.	
<b>Authorized Party to Sign</b>	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>JOHN KYLE , II .</b> <i>PRESIDENT</i>  10/26/2017

**Attachments**

Information not provided.