



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: **0000034247** | Submit Date: **10/26/2017** | Call Sign: **WODP-LD** | Facility ID: **183653** | FRN: **0019866425**
State: **Indiana** | City: **FORT WAYNE**
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
KJVG-LD	JOPLIN	MO	DTV AMERICA CORPORATION
W47EM-D	GREENVILLE	MS	DTV AMERICA CORPORATION
WECY-LD	Indianapolis	IN	DTV AMERICA CORPORATION
KRLJ-LD	JOPLIN	MO	DTV AMERICA CORPORATION
K47NC-D	LAFAYETTE	LA	DTV AMERICA CORPORATION
WFEO-LD	Jacksonville	FL	DTV AMERICA CORPORATION
WCZA-LD	Indianapolis	IN	DTV AMERICA CORPORATION
K43MS-D	LAFAYETTE	LA	DTV AMERICA CORPORATION
K30NF-D	KEOKUK	IA	DTV AMERICA CORPORATION
KEHO-LD	HOUSTON	TX	DTV AMERICA CORPORATION
KWMO-LD	HOT SPRINGS	AR	DTV AMERICA CORPORATION
W42DU-D	LA GRANGE	GA	DTV AMERICA CORPORATION
W24DM-D	GAINESVILLE	FL	DTV AMERICA CORPORATION
KGKY-LD	JOPLIN	MO	DTV AMERICA CORPORATION
KIAP-LD	JOPLIN	MO	DTV AMERICA CORPORATION
KZLL-LD	JOPLIN	MO	DTV AMERICA CORPORATION
KFMS-LD	KEYES	CA	DTV AMERICA CORPORATION
K30MF-D	JONESBORO	AR	DTV AMERICA CORPORATION
WQDS-LD	Greenville	SC	DTV AMERICA CORPORATION
KAJF-LD	Kansas City	MO	DTV AMERICA CORPORATION
WYJJ-LD	JACKSON	TN	DTV AMERICA CORPORATION
WEEJ-LD	JACKSONVILLE	IL	DTV AMERICA CORPORATION
KCMN-LD	Kansas City	MO	DTV AMERICA CORPORATION
WKBJ-LD	Jacksonville	FL	DTV AMERICA CORPORATION
K38OS-D	HOT SPRINGS	AR	DTV AMERICA CORPORATION
WUDP-LD	Indianapolis	IN	DTV AMERICA CORPORATION
WODH-LD	Jacksonville	FL	DTV AMERICA CORPORATION
KPJO-LP	PITTSBURG	KS	DTV AMERICA CORPORATION
K32KV-D	JEFFERSON CITY	MO	DTV AMERICA CORPORATION
KQML-LD	Kansas City	MO	DTV AMERICA CORPORATION

KENH-LD	HOT SPRINGS	AR	DTV AMERICA CORPORATION
KDMK-LD	LAFAYETTE	LA	DTV AMERICA CORPORATION
WRCZ-LD	OCALA	FL	DTV AMERICA CORPORATION
WQEH-LD	JACKSON	TN	DTV AMERICA CORPORATION

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>JOHN KYLE , II . <i>PRESIDENT</i></p> <p>10/26/2017</p>

Attachments

Information not provided.