

(REFERENCE COPY - Not for submission)

# FCC Form 399: Eligibility Certification

Facility ID: 130048 Service: LPD Call Sign: K38KU-D Channel: 34 (UHF) File Number: 0000089867

FRN: 0002068195 Eligibility Status: Eligible Date Submitted: 11/14/2019

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
Kenneth E. Lewetag	17980 BROWN RD. DALLAS, OR 97338 United States	+1 (503) 623-7795	LEWETAGK@AOL.COM	Individual

### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
KENNETH E. LEWETAG OWNER Kenneth E. Lewetag	17980 BROWN RD DALLAS, OR 97338 United States	+1 (503) 930- 7228	LEWETAGK@AOL. COM	Technical Representative

# Eligibility Information

Section	Question	Response
LPTV/Translator Eligibility	Selected LMS File Number of Granted Displacement Construction Permit	Authorization File Number 0000054568 Authorization Type CP Service Code LPD
	There is no Granted Displacement Construction Permit for this facility because this facility has been granted a License to Cover.	No
	The Station was licensed or had an application for license (FCC Form 2100 Schedule D) pending on April 13, 2017.	Yes
	The Station was licensed and transmitting for not less than 2 hours in each day of the week and not less than a total of 28 hours per calendar week for 9 of the 12 months prior to April 13, 2017.	Yes
	Licensee has attached true copies of documents or other evidence that demonstrate the Station's operation as described in Section III.1.a.ii.	Yes
	Licensee is not requesting reimbursement for payments previously received or expected to be received from the Fund and is not requesting reimbursement of expenses paid or expected to be paid by any other source.	Yes

## Certification

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complete a	uthorized Person signing certifies and represents shake is authorized to this TV Broadcaster ation Fund Eligibility cation Form on behalf of ove-named entity.  Sove-named entity is that the statements in and attached	
certifie compli rules, goverr which prereq	entation are true, ete, and correct. eove-named entity wledges that all ations and attached entation are considered al representations.	
	cove-named entity s that it is in full ance with all statutes, regulations and amental requirements for compliance is a uisite for obtaining the ants herein requested.	
representative	er penalty of perjury, that I am an authorized e of the above-named applicant for the (s) specified above.	Kenneth E. Lewetag  Applicant  11/14/2019

#### **Attachments**

Information not provided.