

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

184723 Service: LPD Channel: 20 (UHF) Facility Call K49LK-D Sign:

ID:

File 0000088652

Number:

FRN: 0026455469 Eligibility **Eligible** Date 03/04

Status: Submitted: /2021

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|----------------------|----------------------|-------------------|
| EDGE SPECTRUM, INC. Doing Business As: EDGE SPECTRUM, INC. | Randy Weiss PO Box 54025 Hurst, TX 76054 United States | +1 (214) 770-7770 | randy@crosstalk. org | Corporation |

Reimbursement Contact Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|-----------|----------|-------|--------|
| Applicant | 71441000 | | Lilian |

The Preparer is same as the reimbursement contact.

Broadcaster Information and **Transition** Plan

Question Response

| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
|--|--|
| Briefly describe transition plan | K49LD-D Displaced into the core. Applicant will build the CP as part of a coordinated system build out plan. |

Transmitters

| s S | ection | Question | Response |
|-----|------------------------------|---|----------|
| _ | Fransmitter Related Expenses | Do you have transmitter related expenses? | Yes |

Primary Transmitter

Existing Transmitter Information

| Section | Question | Response |
|--|--|-------------------|
| Existing Transmitter Description Existing Transmitter Manufacturer and Type | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Ownership | Owned |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| | Manufacturer | |
| | Model | AT7120 |
| | Year | 2013 |
| | Туре | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | .12 kW |

Primary Transmitter

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|---|
| New Transmitter | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | EC704MP BB3 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | .33 kW |
| | Justification for New Transmitter | Linear model no longer supported, channel change from 49 to 20. See Comark Transmitter Selection Exhibit. |

Primary Transmitter

Other Transmitter Costs

| Section | Question | Response |
|-------------------------|---|----------|
| Other Transmitter Costs | Does the transmitter installation require a Transmitter Building Site Survey /Installation? | Yes |
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | | |

| | Rigid Conduit and Wiring | No |
|---|--|--|
| | Other Electrical Service | Yes |
| | Description | To be determined based on site survey. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Туре | Cooling Only |
| | Size | 5 tons |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | No |

Primary Transmitter

Other Transmitter Cost Not Listed

Transmitter Information not provided.

Antennas

| Section | Question | Response |
|--------------------------|---------------------------------------|----------|
| Antenna Related Expenses | Do you have antenna related expenses? | Yes |

Primary Antenna

Existing Antenna Information

| Section | Question | Response |
|--|--|--------------------|
| Existing Antenna Description Existing Antenna Manufacturer and Type | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Ownership | Owned |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 1.0 kW |
| | Manufacturer | |
| | Model | SWLP8OI |
| | Year | 2013 |

Primary Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|--|--|
| New Antenna Description | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Is antenna shared? | No |
| | Is antenna directional? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 2.0 kW |
| | Manufacturer | |
| | Model | BLP-8B |
| | Year | 2021 |
| | Justification for New Antenna | Old antenna cut to channel 49 cannot be used on Ch 20. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|---------------|--|----------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |

| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
|--------------------------|---|-----|
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

Primary Antenna

Other Antenna Cost Not Listed

Information not provided.

| Transmission ^{Seffien} | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | Yes |

Primary Transmission Sei

Existing Transmission Line

| n Line Section | Question | Response |
|--|--|---------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Ownership | Owned |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Туре | Flexible Foam |
| | Diameter | 1 5/8 inches |
| | Number of parallel runs | 1 |
| | Length | 300 feet per run |

Primary Transmission

New Transmission Line

| n Line Section | Question | Response |
|--------------------------------|--|---|
| New Transmission Line Costs | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Туре | Flexible Foam |
| | Diameter | 1 5/8 inches |
| | Number of parallel runs | 1 |
| | Length | 300 feet per run |
| | Justification for New Transmission Line | Line will be swept and determined if it remains usable. |
| Interior RF Systems | Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators? | No |

Primary Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

Tower Equipment And Rigging Costs

| Section | Question | Response |
|---|---|----------|
| Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | Yes |

Primary Tower

Existing Tower

| Section | Question | Response |
|---|---|----------------------|
| Existing Tower Description | Type of change | Move Equipment |
| | Tower Use | Primary (Main) |
| | Ownership | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | No |
| | Is tower documented for structural analysis? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower | Do you have a tower registration number? | Yes |
| Structure Registration | ASR Number | 1026658 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 41° 13' 21.8" N- |
| | Longitude (NAD83) | 100° 41' 19.0" W- |
| | Overall Structure Height | 414.04 feet |
| | Support Structure Height | 400.91 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 3113.81 feet |
| | | |

| Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |
|------------------|--|
| Tower Owner | SBA Towers IV, LLC |
| Date Constructed | 10/18/2005 |

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

| Facility ID | Call Sign | Service |
|-------------|-----------|---------|
| 168339 | KHGI-CD | DTV |

Primary Tower

Tower Rigging Costs

| Section | Question | Response |
|---------------------------------|-----------------------------------|----------|
| Tower Rigging Costs | Complex Tower | N/A |
| Helicopter Services Required | Are helicopter services required? | No |

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional

| project management Yes 80 No on site engineering staff. Complete turnkey project management |
|---|
| No on site engineering staff. Complete turnkey project |
| engineering staff. Complete turnkey project |
| |
| udy for displacement No |
| ection of Form FCC Yes plication |
| No |
| Yes |
| ection of Form FCC Yes cation |
| No |
| Yes |
| ecial Temporary No |
| No |
| FCC Construction No |
| FCC License to No |
| ecial Temporary No |
| nd other Matter for No |
| C Form 399 for Yes |
| F |

| | Form 399 assistance or other program management costs | Yes |
|----------------------------------|---|--|
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 5 |
| | Justification | Turnkey installation and integration of new and existing equipment, includes, EAS, satellite hookup, etc |

Outside Professional

Other Professional Services Expenses Not Listed

| Services Costs | Description |
|--|----------------------|
| Site Survey | 8 hours @ \$100/hour |
| Mobilization Charge and travel expenses for installation | \$1500/day, 4 days |
| Mobilization Charge and travel expenses for site survey | \$1500/day, 1.5 days |

Other Expenses

| Section | Question | Response |
|------------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Permit and Filing Costs | FCC Construction Permit Major Change | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | No |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
| | Does this relocation require Equipment Storage? | Yes |
| Point to Point Microwave (STL/ICR) | Frequency Coordination for Unidirection System | No |
| | Frequency Coordination for Bi-Direction System | No |
| | New Point to Point Microwave System | No |

Other Expenses

Other Expenses Not Listed

Information not provided.

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|----------------|--|----------------|------------------------------|
| Primary Transmitter EC704MP BB3 | \$60,383.00 | \$74,892.68 | | \$52,073.68 | |
| Transmitter Building Site Survey /Installation | \$10,000.00 | \$11,836.00 | See attached Comark Transmitter Quote Installation line item. | \$11,050.00 | N/A |
| UHF - Air Cooled Solid State Transmitter 320 - 700 Watts | \$28,100.00 | \$41,023.68 | See Comark Quote. \$54,899 - \$11,836 (install cost) = \$43,063 transmitter cost | \$41,023.68 | N/A |
| 5 Ton system | \$20,250.00 | \$20,000.00 | N/A | N/A | N/A |
| Other Electrical Service: To be determined based on site survey. | \$2,033.00 | \$2,033.00 | Electrical Mr Sparky Quote.pdf | N/A | N/A |
| Sub-total | \$60,383.00 | \$74,892.68 | N/A | \$52,073.68 | N/A |
| Total for all systems | \$180,193.00 | \$193,479.24 | N/A | \$79,174.74 | N/A |

| Actual Information Description | File Name | |
|--|--------------------------------|----------------------------|
| Transmitter Building Site Survey/Installation | Component Description: Amount: | Install \$11,050.00 |
| UHF - Air Cooled Solid State Transmitter 320 - 700 Watts | Component Description: Amount: | Transmitter \$41,023.68 |
| 5 Ton system | Information not provided. | |
| Other Electrical Service: To be determined based on site survey. | Information not provided. | |

Antennas

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|--------------------------------|-------------------|--|----------------|------------------------------|
| Primary Antenna BLP- 8B | \$17,730.00 | \$17,730.00 | | \$8,134.50 | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 2.0 kW input, Horizontal | \$12,000.00 | \$12,000.00 | Published Appendix A Cost Catalog | \$8,134.50 | N/A |
| Sweep test of transmission line and antenna | \$5,730.00 | \$5,730.00 | N/A | N/A | N/A |
| Sub-total | \$17,730.00 | \$17,730.00 | N/A | \$8,134.50 | N/A |
| Total for all systems | \$180,193.00 | \$193,479.24 | N/A | \$79,174.74 | N/A |

| Actual Information Description | File Name | |
|---|--------------------------------|-----------------------|
| UHF-Low Power, Side Mount, Slotted Coaxial, 2.0kW input, Horizontal | Component Description: Amount: | Antenna \$8,134.50 |
| Sweep test of transmission line and antenna | Information not provided. | |

Transmission Line

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmission Line | \$7,200.00 | \$8,416.56 | | \$8,416.56 | |
| Flexible Foam Transmission Line - dielectric, 1 5 /8" | \$7,200.00 | \$8,416.56 | Actual Cost | \$8,416.56 | N/A |
| Sub-total | \$7,200.00 | \$8,416.56 | N/A | \$8,416.56 | N/A |
| Total for all systems | \$180,193.00 | \$193,479.24 | N/A | \$79,174.74 | N/A |

| Actual Information Description | File Name | |
|---|--------------------------------|---------------------|
| Flexible Foam Transmission Line - dielectric, 1 5/8" | Component Description: Amount: | Cable \$8,416.56 |

Tower Equipment and Rigging Costs

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Tower GTOWER | \$56,190.00 | \$56,190.00 | | \$0.00 | |
| Tower Rigging Short Tower (less than 500') | \$56,190.00 | \$56,190.00 | N/A | N/A | N/A |
| Sub-total | \$56,190.00 | \$56,190.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$180,193.00 | \$193,479.24 | N/A | \$79,174.74 | N/A |

Components

Information not provided.

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|-------------------|--|----------------|------------------------------|
| Outside Professional Services | \$28,355.00 | \$25,915.00 | | \$10,550.00 | |
| Mobilization Charge and travel expenses for site survey | \$2,250.00 | \$2,250.00 | 1 1/2 day @ \$1500/day See ARCJ Site Survey Quote & SOW.pdf | \$2,250.00 | N/A |
| Mobilization Charge and travel expenses for installation | \$6,000.00 | \$6,000.00 | Mobilization Charge and Travel Expenses for Installation of EAS, CAP. Satellite Interconnect, Final Transmitter /Antenna connection, station turn on. Trip \$1500/day 4 days. See ARCJ Turnkey Quote & SOW | N/A | N/A |
| Site Survey | \$800.00 | \$800.00 | Site Survey Charge See ARCJ Site Survey Quote & SOW.pdf | \$800.00 | N/A |

| Additional Field Engineering Service, 5 Days | \$5,000.00 | \$5,000.00 | Turnkey Installation and integration of new and existing equipment. Installation of EAS,CAP, Satellite Interconnect, Final Transmitter /Antenna connection, station turn on. See ARCJ Turnkey Integration Quote & SOW | N/A | N/A |
|--|------------|------------|---|------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,052.50 | \$1,052.50 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$2,102.50 | N/A | N/A | N/A |
| Form 399 assistance or other Program Management costs | \$1,000.00 | \$1,000.00 | See BWS Estimate Eligibility 1876 Filing | \$1,000.00 | N/A |
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$1,710.00 | See BWS 399 Reimbursement Estimate | \$1,000.00 | N/A |

| Project management of the transition | \$8,440.00 | \$6,000.00 | See ARCJ Project Management Quote & SOW. pdf | \$5,500.00 | N/A |
|--|--------------|--------------|--|-------------|-----|
| Sub-total | \$28,355.00 | \$25,915.00 | N/A | \$10,550.00 | N/A |
| Total for all systems | \$180,193.00 | \$193,479.24 | N/A | \$79,174.74 | N/A |

| Actual Information Description | File Name | |
|---|--------------------------------|--|
| Mobilization Charge and travel expenses for site survey | Component Description: Amount: | 50% Site Mobilization \$1,125.00 |
| | Component Description: Amount: | Mobilization \$1,125.00 |
| Mobilization Charge and travel expenses for installation | Information not provided. | |
| Site Survey | Component Description: Amount: | 50% Site Survey \$400.00 |
| | Component Description: Amount: | Site Survey \$400.00 |
| Additional Field Engineering Service, 5 Days | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. | |
|--|--------------------------------|---|
| Form 399 assistance or other Program Management costs | Component Description: Amount: | 399 Eligibility Fee \$1,000.00 |
| Prepare/ Review 399 reimbursement form | Component Description: Amount: | 399 \$1,000.00 |
| Project management of the transition | Component Description: Amount: | 50% Project Management \$3,000.00 |
| | Component Description: Amount: | PM #2 \$1,500.00 |
| | Component Description: Amount: | 399PM \$1,000.00 |

Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|--------------------------------|-------------------|---|----------------|------------------------------|
| Other Expenses | \$10,335.00 | \$10,335.00 | | \$0.00 | |
| Equipment Delivery and Handling Charges | \$5,000.00 | \$5,000.00 | Equipment Delivery and Handling Charges. ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$5,000.00 | \$5,000.00 | Removal and disposal of equipment from job site, transmitter, coax, antenna and all debris. SEE ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$335.00 | N/A | N/A | N/A |

| Equipment | \$0.00 | \$0.00 | Included | N/A | N/A |
|-----------------------|--------------|---------------------------------------|-----------|-------------|-----|
| Storage | | SEE ARCJ | | | |
| | | | Equipment | | |
| | | | Storage | | |
| | | | Removal | | |
| | | | Disposal | | |
| | | | Quote & | | |
| | | | SOW | | |
| Sub-total | \$10,335.00 | \$10,335.00 | N/A | \$0.00 | N/A |
| | · -, | · · · · · · · · · · · · · · · · · · · | | * | |
| Total for all systems | \$180,193.00 | \$193,479.24 | N/A | \$79,174.74 | N/A |

Components

Information not provided.

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$180,193.00 | \$193,479.24 | \$79,174.74 |

| Reimbursem | entestatus | Response |
|------------|--|----------|
| | The facility has ceased operating on its pre- auction channel. | No |
| | Construction of final facilities or all necessary modifications are complete. | No |
| | All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator. | No |

Section Question Response

Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 1. The Authorized
 Person signing
 below certifies that he
 /she is authorized to
 submit this TV
 Broadcaster
 Relocation Fund
 Reimbursement
 Form on behalf of
 the above-named
 entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

- 4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Susan Hansen Consultant

03/04/2021

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
 Person signing
 below certifies and
 represents that he
 /she is authorized to
 submit this TV
 Broadcaster
 Relocation Fund
 Reimbursement
 Form on behalf of
 the above-named
 entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

- 4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
- 5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Randy Weiss CEO

03/04/2021

Attachments