



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID:	126700	Service:	LPD	Call Sign:	KHGS-LD	Channel:	27 (UHF)
File Number:	0000088675						
FRN:	0026455469	Eligibility Status:	Eligible	Date Submitted:	04/30 /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 Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
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	Displacement into new core Ch 27. Applicant will build the CP as part of a coordinated system build out plan.

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
Existing Transmitter Description	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	AT760
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	60 W

**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	EC702MP BB3
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	170 W
	Justification for New Transmitter	Old transmitter not tuneable to new Ch 27

**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 upon site survey.
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
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
<b>Existing Antenna Description</b>	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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	0.75 kW
	Manufacturer	
	Model	SL-8
	Year	2009

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	0.75 kW
	Manufacturer	
	Model	DLP-8M/VP
	Year	2021
	Justification for New Antenna	Old antenna cut to channel 39.

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No



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

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary  
Transmission Line

Existing Transmission 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	
	Type	Flexible Foam
	Diameter	7/8 inches
	Number of parallel runs	1
	Length	75 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	75 feet per run
	Justification for New Transmission Line	Line will be swept and determined if it remains usable. Applicant uses 1 5/8" line as a standard for all their licenses.
<b>Interior RF Systems</b>	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 Line**

Information 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?	Terrain Constrained
	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 Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1243339
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	39° 31' 57.0" N-
	Longitude (NAD83)	107° 20' 32.0" W-
	Overall Structure Height	102.03 feet
	Support Structure Height	102.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	7460.87 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Colorado West Broadcasting Inc
	Date Constructed	01/03/2005

**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
12378	KMTS	FM

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Terrain constrained
<b>Helicopter Services Required</b>	Are helicopter services required?	Yes

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	No on site engineering staff. Complete turnkey project management.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for displacement application	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Prepare Form 601	No
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	Prepare and file Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	No
	Negotiation of Lease and other Matter for Shared Locations	No

	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
<b>RF Field Engineering Services</b>	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 Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
<b>Mobilization Charge and travel expenses for installation</b>	\$1500/day, 4 days
<b>Mobilization Charge and travel expenses for site survey</b>	\$1500/day, 1.5 days
<b>Site Survey</b>	8 hours @ \$100/hour



**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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
<b>Point to Point Microwave (STL/ICR)</b>	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.

Cost  
Information

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 EC702MP BB3	\$56,583.00	\$54,965.90		\$32,932.90	
Transmitter Building Site Survey /Installation	\$10,000.00	\$11,050.00	See KHGS Comark Quote	\$11,050.00	N/A
5 Ton system	\$20,250.00	\$20,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$21,882.90	Actual invoice cost with sales tax and freight	\$21,882.90	N/A
Other Electrical Service: To be determined based upon site survey.	\$2,033.00	\$2,033.00	See	N/A	N/A
Sub-total	\$56,583.00	\$54,965.90	N/A	\$32,932.90	N/A
Total for all systems	\$166,491.00	\$163,690.87	N/A	\$48,632.90	N/A

Components

Actual Information	
Description	File Name
Transmitter Building Site Survey/Installation	Component Description: Install Amount: \$11,050.00

5 Ton system	Information not provided.
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	<div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Transmitter  \$21,882.90 </div> </div>
Other Electrical Service: To be determined based upon site survey.	Information not provided.

Cost  
Information

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 DLP-8M/VP	\$13,138.00	\$13,138.00		\$0.00	
UHF-Low Power, Side Mount, Slotted Coaxial, 0.75 kW input, Elliptical	<i>\$7,408.00</i>	\$7,408.00	antenna cost	\$0.00	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	N/A	N/A
Sub-total	\$13,138.00	\$13,138.00	N/A	\$0.00	N/A
Total for all systems	\$166,491.00	\$163,690.87	N/A	\$48,632.90	N/A

Components

Actual Information	
Description	File Name
UHF-Low Power, Side Mount, Slotted Coaxial, 0.75kW input, Elliptical	Component Description: antenna Amount: \$7,408.00
Sweep test of transmission line and antenna	Information not provided.

Cost  
Information

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	\$1,800.00	\$4,186.97		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5/8"	\$1,800.00	\$4,186.97	Actual cost	\$0.00	N/A
Sub-total	\$1,800.00	\$4,186.97	N/A	\$0.00	N/A
Total for all systems	\$166,491.00	\$163,690.87	N/A	\$48,632.90	N/A

Components

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 1 5/8"	<div>Component Description: Cable</div> <div>Amount: \$4,186.97</div>

Cost  
Information

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 TOWER	\$50,000.00	\$50,000.00		\$0.00	
Tower Helicopter Lift	<i>\$0.00</i>	\$0.00	Included in Complex towers, subject to adjustment	N/A	N/A
Complex Tower (includes, e. g., towers with candelabras and/or stacked antennas)	<i>\$50,000.00</i>	\$50,000.00	See FCC Published Appendix A LPTV Cost Catalog Site may require helicopter depending on season.	N/A	N/A
Sub-total	\$50,000.00	\$50,000.00	N/A	\$0.00	N/A
Total for all systems	\$166,491.00	\$163,690.87	N/A	\$48,632.90	N/A

Components

Information not provided.

## Cost Information

### 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
<b>Outside Professional Services</b>	<b>\$29,635.00</b>	<b>\$26,065.00</b>		<b>\$10,700.00</b>	
Site Survey	<i>\$800.00</i>	\$800.00	Site Survey Charge See KHGS ARCJ Site Survey Quote & SOW. pdf	\$800.00	N/A
Mobilization Charge and travel expenses for site survey	<i>\$2,250.00</i>	\$2,250.00	1 1/2 day @ \$1500/day See KHGS ARCJ Site Survey Quote & SOW. pdf	\$2,250.00	N/A
Mobilization Charge and travel expenses for installation	<i>\$6,000.00</i>	\$6,000.00	See KHGS ARCJ Turnkey Integration Quote & SOW. pdf	N/A	N/A

Additional Field Engineering Service, 5 Days	<b>\$5,000.00</b>	\$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 KHGS ARCJ Turnkey Integration Quote and SOW.pdf	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
Prepare request for Special Temporary Authorization	\$1,280.00	\$150.00	N/A	\$150.00	N/A
Form 399 assistance or other Program Management costs	<b>\$1,000.00</b>	\$1,000.00	See KHGS BWS Estimate Eligibility.pdf	\$1,000.00	N/A



Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	See KHGS BWS 399 Reimbursement Estimate.pdf	\$1,000.00	N/A
Project management of the transition	\$8,440.00	\$6,000.00	See KHGS ARCJ Project Management Quote & SOW. pdf	\$5,500.00	N/A
<b>Sub-total</b>	\$29,635.00	\$26,065.00	N/A	\$10,700.00	N/A
<b>Total for all systems</b>	\$166,491.00	\$163,690.87	N/A	\$48,632.90	N/A

## Components

Actual Information	
Description	File Name
Site Survey	<b>Component Description:</b> 50% Site Survey
	<b>Amount:</b> \$400.00
	<b>Component Description:</b> Site Survey
	<b>Amount:</b> \$400.00
Mobilization Charge and travel expenses for site survey	<b>Component Description:</b> 50% Site
	<b>Amount:</b> Mobilization
	<b>Amount:</b> \$1,125.00
	<b>Component Description:</b> Site Mobilization
	<b>Amount:</b> \$1,125.00
Mobilization Charge and travel expenses for installation	Information not provided.
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.	
Prepare request for Special Temporary Authorization	<b>Component Description:</b>	CP EXT
	<b>Amount:</b>	\$150.00
Form 399 assistance or other Program Management costs	<b>Component Description:</b>	399 Eligibility Fee
	<b>Amount:</b>	\$1,000.00
Prepare/ Review 399 reimbursement form	<b>Component Description:</b>	399
	<b>Amount:</b>	\$1,000.00
Project management of the transition	<b>Component Description:</b>	PM #2
	<b>Amount:</b>	\$1,500.00
	<b>Component Description:</b>	399PM
	<b>Amount:</b>	\$1,000.00
	<b>Component Description:</b>	50% Project Management
	<b>Amount:</b>	\$3,000.00

## Cost Information

### 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
<b>Other Expenses</b>	<b>\$15,335.00</b>	<b>\$15,335.00</b>		<b>\$5,000.00</b>	
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	Included SEE ARCJ Equipment Storage Removal Disposal Quote & SOW	\$5,000.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	See KHGS ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	See KÓÍ ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf	N/A	N/A
<b>Sub-total</b>	<b>\$15,335.00</b>	<b>\$15,335.00</b>	N/A	<b>\$5,000.00</b>	N/A
<b>Total for all systems</b>	<b>\$166,491.00</b>	<b>\$163,690.87</b>	N/A	<b>\$48,632.90</b>	N/A

## Components

Actual Information	
Description	File Name
Equipment Storage	<b>Component Description:</b> STORAGE <b>Amount:</b> \$5,000.00
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$166,491.00	\$163,690.87
			\$48,632.90

Reimbursement Status	Question	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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>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.</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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.

<p>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.</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>Susan Hansen</b>  <i>Consultant</i></p> <p>04/30/2021</p>



Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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>Randy Hansen</b> CEO</p> <p>04/30/2021</p>

## Attachments