



(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: | 08/16 /2022 | | |

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 |
|------------------------------|---|----------|
| Transmitter Related Expenses | 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. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Cooling Only |
| | Size | 5 tons |
| Transmitter Building Addition/Modification or Leasehold Improvement | 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 |
|---|--|--------------------|
| Existing Antenna Description | 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 |
| Existing Antenna Manufacturer and Type | 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 |
|---|--|--------------------------------|
| 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 | 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 |
|----------------------|--|----------|
| 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 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 |
|------------------------------------|--|--|
| New Transmission Line Costs | 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. |
| 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 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 |
|------------------------------|-----------------------------------|---------------------|
| Tower Rigging Costs | Complex Tower | Terrain constrained |
| Helicopter Services Required | Are helicopter services required? | Yes |

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

| Section | Question | Response |
|---|---|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 80 |
| | Explanation | No on site engineering staff. Complete turnkey project management. |
| Outside RF consulting Engineering Services | 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 |
| Attorney and Other Outside Consulting Services | 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 |
| 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 Services Costs

Other Professional Services Expenses Not Listed

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

**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.

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 |
| 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 |
| 5 Ton system | \$20,250.00 | \$20,000.00 | N/A | N/A | N/A |
| Sub-total | \$56,583.00 | \$54,965.90 | N/A | \$32,932.90 | N/A |
| Total for all systems | \$170,357.50 | \$169,997.37 | N/A | \$74,657.40 | N/A |

Components

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

| | | |
|--|---|----------------------------|
| UHF - Air Cooled Solid State Transmitter 160 - 300 Watts | Component Description: Amount: | Transmitter \$21,882.90 |
| Other Electrical Service: To be determined based upon site survey. | Information not provided. | |
| 5 Ton system | 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 | \$15,204.50 | \$15,204.50 | | \$9,474.50 | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 0.75 kW input, Elliptical | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Sweep test of transmission line and antenna | \$5,730.00 | \$5,730.00 | N/A | N/A | N/A |
| UHF-Low Power, Side Mount, Slotted Coaxial, 0.75 kW input, Elliptical | <i>\$9,474.50</i> | \$9,474.50 | ***System Notice: Estimate adjusted and locked because line has been superseded. ***antenna cost | \$9,474.50 | N/A |
| Sub-total | \$15,204.50 | \$15,204.50 | N/A | \$9,474.50 | N/A |
| Total for all systems | \$170,357.50 | \$169,997.37 | N/A | \$74,657.40 | N/A |

Components

| Actual Information Description | File Name |
|-----------------------------------|-----------|
|-----------------------------------|-----------|

| | |
|--|---|
| UHF-Low Power, Side Mount, Slotted Coaxial, 0.75kW input, Elliptical | Information not provided. |
| Sweep test of transmission line and antenna | Information not provided. |
| UHF-Low Power, Side Mount, Slotted Coaxial, 0.75kW input, Elliptical | <div> <div> Component Description: Amount: </div> <div> antenna \$7,408.00 </div> </div> <div> <div> Component Description: Amount: </div> <div> Antenna \$9,474.50 </div> </div> |

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 | \$170,357.50 | \$169,997.37 | N/A | \$74,657.40 | 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 | |
| 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 |
| Tower Helicopter Lift | <i>\$0.00</i> | \$0.00 | Included in Complex towers, subject to adjustment | N/A | N/A |
| Sub-total | \$50,000.00 | \$50,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$170,357.50 | \$169,997.37 | N/A | \$74,657.40 | 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 |
|---|-----------------------------|--------------------|---|--------------------|---------------------------|
| Outside Professional Services | \$31,435.00 | \$30,305.00 | | \$22,250.00 | |
| Additional Field Engineering Service, 5 Days | <i>\$11,000.00</i> | \$11,000.00 | 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 | \$8,250.00 | N/A |
| 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 | \$0.00 | \$0.00 | See KHGS ARCJ Turnkey Integration Quote & 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 | \$2,800.00 | \$2,800.00 | See KHGS BWS Estimate Eligibility.pdf | \$2,800.00 | N/A |
| Project management of the transition | \$8,440.00 | \$8,440.00 | See KHGS ARCJ Project Management Quote & SOW. pdf | \$7,000.00 | 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 |
| Sub-total | \$31,435.00 | \$30,305.00 | N/A | \$22,250.00 | N/A |
| Total for all systems | \$170,357.50 | \$169,997.37 | N/A | \$74,657.40 | N/A |

Components

| Actual Information | | |
|--|---|-------------------------------------|
| Description | File Name | |
| Additional Field Engineering Service, 5 Days | Component Description: Amount: | TURNKEY \$8,250.00 |
| Site Survey | Component Description: Amount: | 50% Site Survey \$400.00 |
| | Component Description: Amount: | Site Survey \$400.00 |
| Mobilization Charge and travel expenses for site survey | Component Description: Amount: | Site Mobilization \$1,125.00 |
| | Component Description: Amount: | 50% Site Mobilization \$1,125.00 |
| Mobilization Charge and travel expenses for installation | 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 | Component Description: Amount: | CP EXT \$150.00 |

| | |
|---|---|
| Form 399 assistance or other Program Management costs | Component Description: 399 WORK Amount: \$800.00 |
| | Component Description: 399 Eligibility Fee Amount: \$1,000.00 |
| | Component Description: 399 COMPLETE Amount: \$1,000.00 |
| Project management of the transition | Component Description: FINAL PM Amount: \$1,500.00 |
| | Component Description: 50% Project Management Amount: \$3,000.00 |
| | Component Description: 399PM Amount: \$1,000.00 |
| | Component Description: PM #2 Amount: \$1,500.00 |
| Prepare/ Review 399 reimbursement form | Component Description: 399 Amount: \$1,000.00 |

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 |
|--|-----------------------------|---------------------|--|--------------------|---------------------------|
| Other Expenses | \$15,335.00 | \$15,335.00 | | \$10,000.00 | |
| 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 | \$5,000.00 | 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 |
| 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 |
| Sub-total | \$15,335.00 | \$15,335.00 | N/A | \$10,000.00 | N/A |
| Total for all systems | \$170,357.50 | \$169,997.37 | N/A | \$74,657.40 | N/A |

Components

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

| | | | |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$170,357.50 | \$169,997.37 |
| | | | \$74,657.40 |

| | | |
|-----------------------------|--|-----------------|
| 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"> 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 above-named applicant for the Authorization(s) specified above.

**SUSAN
HANSEN**
CONSULTANT

08/16/2022

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | 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). | |
| | | <ol style="list-style-type: none"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. 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.

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| <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>RANDY WEISS CEO</p> <p>08/16/2022</p> |

Attachments