



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000005866 | Submit Date: 11/13/2015 | Call Sign: K35JI-D | Facility ID: 181979 | FRN: 0006773501 | State: Utah | City: ORANGEVILLE

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/13/2015 | 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
EMERY COUNTY Doing Business As: EMERY COUNTY	P.O. BOX 817 CASTLE DALE, UT 84513 United States	+1 (435) 381-3425	BRET.MILLS@EC.SO.UTAH.GOV	Government Entity

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
BRET MILLS COMMUNICATIONS SPECIALIST EMERY COUNTY	PO Box 817 CASTLEDALE, UT 84513 United States	+1 (435) 381- 3425	BRET.MILLS@EC.SO. UTAH.GOV	Legal Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
K27KE-D	HUNTINGTON	UT	EMERY COUNTY
K38KP-D	ORANGEVILLE	UT	EMERY COUNTY
K24IN-D	GREEN RIVER	UT	EMERY COUNTY
K19GK-D	EMERY	UT	EMERY COUNTY
K46KK-D	GREEN RIVER	UT	EMERY COUNTY
K21JV-D	GREEN RIVER	UT	EMERY COUNTY
K40KD-D	ORANGEVILLE	UT	EMERY COUNTY
K26JM-D	FERRON	UT	EMERY COUNTY
K22JI-D	HUNTINGTON	UT	EMERY COUNTY
K19ID-D	GREEN RIVER	UT	EMERY COUNTY
K21HZ-D	EMERY	UT	EMERY COUNTY
K20KB-D	HUNTINGTON	UT	EMERY COUNTY
K26JN-D	HUNTINGTON	UT	EMERY COUNTY
K51KX-D	CASTLE DALE	UT	EMERY COUNTY
K22JH-D	FERRON	UT	EMERY COUNTY
K36IF-D	ORANGEVILLE	UT	EMERY COUNTY
K23JY-D	HUNTINGTON	UT	EMERY COUNTY
K29IZ-D	HUNTINGTON	UT	EMERY COUNTY
K25KU-D	FERRON	UT	EMERY COUNTY
K48KK-D	ORANGEVILLE	UT	EMERY COUNTY
K25JA-D	EMERY	UT	EMERY COUNTY
K20KA-D	FERRON	UT	EMERY COUNTY
K24IP-D	HUNTINGTON	UT	EMERY COUNTY
K23IE-D	EMERY	UT	EMERY COUNTY
K29IY-D	FERRON	UT	EMERY COUNTY
K21JX-D	HUNTINGTON	UT	EMERY COUNTY
K48LR-D	GREEN RIVER	UT	EMERY COUNTY
K29HK-D	EMERY	UT	EMERY COUNTY
K51KU-D	GREEN RIVER	UT	EMERY COUNTY
K24IO-D	FERRON	UT	EMERY COUNTY
K49JJ-D	ORANGEVILLE	UT	EMERY COUNTY
K28KR-D	HUNTINGTON	UT	EMERY COUNTY
K17HR-D	EMERY	UT	EMERY COUNTY
K18IT-D	GREEN RIVER	UT	EMERY COUNTY

K25KV-D	HUNTINGTON	UT	EMERY COUNTY
K28KQ-D	FERRON	UT	EMERY COUNTY
K23JV-D	GREEN RIVER	UT	EMERY COUNTY
K23JW-D	FERRON	UT	EMERY COUNTY
K32JI-D	EMERY	UT	EMERY COUNTY
K22JG-D	GREEN RIVER	UT	EMERY COUNTY
K20JZ-D	GREEN RIVER	UT	EMERY COUNTY
K28KN-D	EMERY	UT	EMERY COUNTY
K30KH-D	EMERY	UT	EMERY COUNTY
K35JI-D	ORANGEVILLE	UT	EMERY COUNTY
K47KK-D	ORANGEVILLE	UT	EMERY COUNTY
K50JS-D	ORANGEVILLE	UT	EMERY COUNTY
K50LI-D	GREEN RIVER	UT	EMERY COUNTY
K27KC-D	FERRON	UT	EMERY COUNTY
K27IS-D	EMERY	UT	EMERY COUNTY
K21JW-D	FERRON	UT	EMERY COUNTY
K31LG-D	EMERY	UT	EMERY COUNTY

Certification

Section	Question	Response
General Certification Statements	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.).	
	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.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID 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. 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).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	BRET MILLS <i>COMMUNICATIONS SPECIALIST</i> 11/13/2015

Attachments

Information not provided.