



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000007208 | Submit Date: 12/02/2015 | Call Sign: K09KJ-D | Facility ID: 35304 | FRN: 0002624427 | State: New Mexico | City: TIERRA AMARILLA

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 12/02/2015 |

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
KOB-TV, LLC Doing Business As: KOB-TV, LLC	3415 UNIVERSITY AVENUE WEST ST. PAUL, MN 55114 United States	+1 (651) 642-4334	DJONES@HBI.COM	Limited Liability Company

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
(2)

Contact Name	Address	Phone	Email	Contact Type
FRANK R. Jazzo, , Esquire . FLETCHER, HEALD & HILDRETH, PL.C.	1300 NORTH 17TH ST ELEVENTH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	JAZZO@FHHLAW. COM	Legal Representative
WAYNE Koontz CHIEF ENGINEER KOB-TV, LLC	4 BROADCAST PLAZA, S.W. ALBUQUERQUE, NM 87104 United States	+1 (505) 764- 2449	WKOONTZ@KOBTV. COM	Technical Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
K28GT-D	CROWNPOINT	NM	KOB-TV, LLC
K47GV-D	LAS VEGAS	NM	KOB-TV, LLC
K48AX-D	EAGLE NEST	NM	KOB-TV, LLC
K31GJ-D	ALAMOGORDO	NM	KOB-TV, LLC
K12QW-D	SILVER CITY	NM	KOB-TV, LLC
K49ET-D	MANY FARMS	AZ	KOB-TV, LLC
K50IV-D	CORTEZ	CO	KOB-TV, LLC
K40GE-D	PAGOSA SPRINGS	CO	KOB-TV, LLC
K39EW-D	GALLUP	NM	KOB-TV, LLC
K31GC-D	FORREST	NM	KOB-TV, LLC
K16EX-D	CLOVIS	NM	KOB-TV, LLC
K41FM	DEMING	NM	KOB-TV, LLC
K30GM-D	CAPITAN/RUIDOSO	NM	KOB-TV, LLC
K25FI-D	MORA	NM	KOB-TV, LLC
K45GJ-D	CARLSBAD	NM	KOB-TV, LLC
K36JS-D	GRANTS	NM	KOB-TV, LLC
K17FK-D	MONTOYA & NEWKIRK	NM	KOB-TV, LLC
K26DX-D	RATON	NM	KOB-TV, LLC
K49JW-D	ROMEO, ETC.	CO	KOB-TV, LLC
K46GL-D	RED RIVER	NM	KOB-TV, LLC
K20GT-D	INDIAN VILLAGE	NM	KOB-TV, LLC
K10MG-D	SOCORRO	NM	KOB-TV, LLC
K46FM-D	BAYFIELD	CO	KOB-TV, LLC
K30KX-D	TAOS	NM	KOB-TV, LLC
K29LC-D	TRUTH OR CONSEQUENCE	NM	KOB-TV, LLC
K30GJ-D	COLFAX	NM	KOB-TV, LLC
K48HL-D	DATIL/HORSE SPRINGS	NM	KOB-TV, LLC
K20HA	CABALLO	NM	KOB-TV, LLC
K30EK-D	DULCE & LUMBERTON	NM	KOB-TV, LLC
K36DI-D	SANTA ROSA	NM	KOB-TV, LLC
K25GE-D	DURANGO	CO	KOB-TV, LLC
K43GQ-D	KLAGETOH	AZ	KOB-TV, LLC
K42IK-D	TOHATCHI	NM	KOB-TV, LLC

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.	David A. Jones <i>Vice-President</i> 12/02/2015

Attachments

Information not provided.