



(REFERENCE COPY - Not for submission)

# Annual DTV Ancillary/Supplementary Services Report

File Number: **0000016577** | Submit Date: **11/01/2016** | Call Sign: **K45JM-D** | Facility ID: **167864** | FRN: **0009466624**  
State: **Utah** | City: **MARYSVALE**  
Service: **LPT** | Purpose: **Annual Ancillary/Supplemental Service Report** | Status: **Received** | Status Date: **11/01/2016**  
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
<b>PIUTE COUNTY</b> Doing Business As: PIUTE COUNTY	Piute County 550 NORTH MAIN JUNCTION, UT 84740 United States	+1 (435) 527- 3508	mauriparsons@hotmail. com	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  
(2)**

Contact Name	Address	Phone	Email	Contact Type
<b>Kerry Dalton</b> <i>Piute County Technician</i> PIUTE COUNTY	PO Box 132 Circleville, UT 84723 United States	+1 (435) 527- 3508	mauriparsons@hotmail. com	Technical Representative
<b>MAURI Kent Parsons</b> <i>Piute County Technical Adviser</i> MP Electronics	Mauri Parsons 371 SOUTH 460 EAST P.O. BOX 473 MONROE, UT 84754 United States	+1 (435) 527- 3508	mauriparsons@hotmail. com	Technical Representative

**Ancillary  
/Supplementary  
Services**

Call Sign	City	State	Licensee
K47KO-D	MARYSVALE	UT	PIUTE COUNTY
K48LU-D	MARYSVALE	UT	PIUTE COUNTY
K19GM-D	CIRCLEVILLE	UT	PIUTE COUNTY
K27KU-D	CIRCLEVILLE	UT	PIUTE COUNTY
K38JS-D	ANTIMONY	UT	PIUTE COUNTY
K21IB-D	CIRCLEVILLE	UT	PIUTE COUNTY
K40IX-D	ANTIMONY	UT	PIUTE COUNTY
K42IX-D	ANTIMONY	UT	PIUTE COUNTY
K31IY-D	CIRCLEVILLE	UT	PIUTE COUNTY
K50JV-D	MARYSVALE	UT	PIUTE COUNTY
K17MB-D	CIRCLEVILLE	UT	PIUTE COUNTY
K46IV-D	ANTIMONY	UT	PIUTE COUNTY
K32HN-D	CIRCLEVILLE, ETC.	UT	PIUTE COUNTY
K36IG-D	ANTIMONY	UT	PIUTE COUNTY
K44JU-D	ANTIMONY	UT	PIUTE COUNTY
K25LS-D	CIRCLEVILLE	UT	PIUTE COUNTY
K23KW-D	CIRCLEVILLE	UT	PIUTE COUNTY
K41LD-D	ANTIMONY	UT	PIUTE COUNTY
K46KN-D	MARYSVALE	UT	PIUTE COUNTY
K43MV-D	MARYSVALE	UT	PIUTE COUNTY

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</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>Mauri Kent Parsons</b>  <i>Central Utah TV Translator Coordinator</i></p> <p>11/01/2016</p>

## Attachments

Information not provided.