



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000016580 | Submit Date: 11/01/2016 | Call Sign: K39FT-D | Facility ID: 36341 | FRN: 0009452178 | State: Utah | City: GARFIELD, ETC.

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
GARFIELD COUNTY Doing Business As: GARFIELD COUNTY	COURTHOUSE BLDG. PANGUITCH, UT 84759 United States	+1 (435) 676-1120	camille.moore@garfield.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  
(2)

Contact Name	Address	Phone	Email	Contact Type
<b>Camille Moore</b> <i>Auditor/ Clerk</i> Garfield County	Camille Moore 55 south Main Street Panguitch, UT 84759 United States	+1 (435) 676- 1120	camille.moore@garfield. utah.gov	Auditor/ Clerk
<b>MAURI Kent Parsons</b> <i>Central utah TV Translator coordinator</i> Garfield county	PO Box 473 MONROE, UT 84754 United States	+1 (435) 527- 3508	mauriparsons@hotmail. com	Technical Representative

**Ancillary  
/Supplementary  
Services**

Call Sign	City	State	Licensee
K50LU-D	HENRIEVILLE	UT	GARFIELD COUNTY
K19GJ-D	HATCH	UT	GARFIELD COUNTY
K17JV-D	BOULDER	UT	GARFIELD COUNTY
K19GQ-D	TROPIC, ETC.	UT	GARFIELD COUNTY
K44IN-D	HENRIEVILLE	UT	GARFIELD COUNTY
K23JZ-D	BOULDER	UT	GARFIELD COUNTY
K23JX-D	HATCH	UT	GARFIELD COUNTY
K47MD-D	HENRIEVILLE	UT	GARFIELD COUNTY
K41JY-D	HENRIEVILLE	UT	GARFIELD COUNTY
K31JF-D	BOULDER	UT	GARFIELD COUNTY
K16EQ-D	RURAL GARFIELD COUNT	UT	GARFIELD COUNTY
K36KQ-D	PANGUITCH	UT	GARFIELD COUNTY
K19GV-D	ESCALANTE	UT	GARFIELD COUNTY
K21KI-D	HATCH	UT	GARFIELD COUNTY
K38KF-D	PANGUITCH	UT	GARFIELD COUNTY
K40JD-D	HENRIEVILLE	UT	GARFIELD COUNTY
K23IW-D	ESCALANTE	UT	GARFIELD COUNTY
K45LF-D	PANGUITCH	UT	GARFIELD COUNTY
K25KW-D	HATCH	UT	GARFIELD COUNTY
K27ID-D	TROPIC & CANNONVILLE	UT	GARFIELD COUNTY
K21II-D	TROPIC, ETC.	UT	GARFIELD COUNTY
K21IQ-D	ESCALANTE	UT	GARFIELD COUNTY
K32HQ-D	BOULDER	UT	GARFIELD COUNTY
K26GD-D	GARFIELD COUNTY	UT	GARFIELD COUNTY
K33IZ-D	BOULDER	UT	GARFIELD COUNTY
K29GJ-D	TROPIC & CANNONVILLE	UT	GARFIELD COUNTY
K39JG-D	PANGUITCH	UT	GARFIELD COUNTY
K51AH-D	RURAL GARFIELD COUN	UT	GARFIELD COUNTY
K45JS-D	HENRIVILLE	UT	GARFIELD COUNTY
K46JI-D	PANGUITCH, ETC.	UT	GARFIELD COUNTY
K33HX-D	TROPIC & CANNONVILLE	UT	GARFIELD COUNTY
K30GA-D	GARFIELD COUNTY	UT	GARFIELD COUNTY
K18FT-D	RURAL GARFIELD COUNT	UT	GARFIELD COUNTY
K15HE-D	HATCH	UT	GARFIELD COUNTY

K17HQ-D	HATCH	UT	GARFIELD COUNTY
K20GE-D	GARFIELD, ETC.	UT	GARFIELD COUNTY
K25NL-D	TROPIC	UT	GARFIELD COUNTY
K39JA-D	HENRIEVILLE	UT	GARFIELD COUNTY
K21JY-D	BOULDER	UT	GARFIELD COUNTY
K28GM-D	RURAL GARFIELD COUNT	UT	GARFIELD COUNTY
K17IA-D	ESCALANTE	UT	GARFIELD COUNTY
K19IE-D	BOULDER	UT	GARFIELD COUNTY
K23IK-D	CANNONVILLE	UT	GARFIELD COUNTY
K31JE-D	ESCALANTE	UT	GARFIELD COUNTY
K45BY-D	GARFIELD, ETC.	UT	GARFIELD COUNTY
K29HN-D	ESCALANTE	UT	GARFIELD COUNTY
K41EB-D	GARFIELD COUNTY	UT	GARFIELD COUNTY
K07ZE-D	RURAL JUAB, ETC.,	UT	GARFIELD COUNTY
K17HV-D	TROPIC/CANNONVILLE	UT	GARFIELD COUNTY
K25LP-D	ESCALANTE	UT	GARFIELD COUNTY
K40JL-D	PANGUITCH	UT	GARFIELD COUNTY
K27KD-D	HATCH	UT	GARFIELD COUNTY
K46JB-D	HENRIEVILLE	UT	GARFIELD COUNTY
K49AG-D	GARFIELD, ETC	UT	GARFIELD COUNTY
K27IT-D	ESCALANTE	UT	GARFIELD COUNTY
K25KX-D	BOULDER	UT	GARFIELD COUNTY
K38GQ-D	HATCH	UT	GARFIELD COUNTY
K13OG-D	RURAL JUAB, ETC.	UT	GARFIELD COUNTY
K44IU-D	PANGUITCH	UT	GARFIELD COUNTY
K47AB-D	GARFIELD, ETC.	UT	GARFIELD COUNTY

## Certification

Section	Question	Response
<b>General Certification Statements</b>	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.	
<b>Authorized Party to Sign</b>	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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.	<b>Mauri Parsons</b> <i>Central Utah TV Translator Coordinator</i>  11/01/2016

**Attachments**

Information not provided.