



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000016576 | Submit Date: 11/01/2016 | Call Sign: K39IV-D | Facility ID: 167061 | FRN: 0005807458 | State: Utah | City: TEASDALE,TORREY

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
WAYNE COUNTY Doing Business As: WAYNE COUNTY	Mauri Kent Parsons 18 SOUTH MAIN COURTHOUSE BUILDING LOA, UT 84747 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
Colleen Brinkerhoff <i>Treasurer/Recorder</i> Wayne County	18 south main street Loa, UT 84747 United States	+1 (435) 836-2765	colleen@wco.state.ut.us	Legal Representative
MAURI Kent Parsons <i>Technical Adviser</i> MP Electronics	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
K51KV-D	HANKSVILLE	UT	WAYNE COUNTY
K35JM-D	TEASDALE	UT	WAYNE COUNTY
K49JM-D	CAINEVILLE	UT	WAYNE COUNTY
K34GN-D	BICKNELL & TEASDALE	UT	WAYNE COUNTY
K46FU-D	HANKSVILLE	UT	WAYNE COUNTY
K41JZ-D	TEASDALE,TORREY	UT	WAYNE COUNTY
K21IF-D	HANKSVILLE	UT	WAYNE COUNTY
K17MC-D	CAINEVILLE	UT	WAYNE COUNTY
K17HT-D	HANKSVILLE	UT	WAYNE COUNTY
K17FQ-D	FREMONT	UT	WAYNE COUNTY
K36KV-D	TEASDALE, ETC.	UT	WAYNE COUNTY
K15HZ-D	CAINEVILLE	UT	WAYNE COUNTY
K27KQ-D	HANKSVILLE	UT	WAYNE COUNTY
K31LA-D	FREMONT	UT	WAYNE COUNTY
K48GR-D	HANKSVILLE	UT	WAYNE COUNTY
K29IV-D	FREMONT	UT	WAYNE COUNTY
K31KN-D	CAINEVILLE	UT	WAYNE COUNTY
K50FZ-D	HANKSVILLE	UT	WAYNE COUNTY
K29IX-D	CAINEVILLE	UT	WAYNE COUNTY
K23II-D	LOA, ETC.	UT	WAYNE COUNTY
K23JP-D	HANKSVILLE	UT	WAYNE COUNTY
K25KT-D	CAINEVILLE	UT	WAYNE COUNTY
K42JU-D	BICKNELL, ETC.	UT	WAYNE COUNTY
K45JR-D	CAINEVILLE	UT	WAYNE COUNTY
K15GI-D	FREMONT	UT	WAYNE COUNTY
K16HC-D	CAPITOL REEF NATIONA	UT	WAYNE COUNTY
K21ID-D	FREMONT	UT	WAYNE COUNTY
K25JF-D	LOA, ETC.	UT	WAYNE COUNTY
K43KI-D	TEASDALE,TORREY	UT	WAYNE COUNTY
K19GP-D	HANKSVILLE	UT	WAYNE COUNTY
K20IY-D	CAPITOL REEF NATIONA	UT	WAYNE COUNTY
K18HU-D	CAPITOL REEF NATIONA	UT	WAYNE COUNTY
K47KP-D	CAINEVILLE	UT	WAYNE COUNTY
K19GO-D	FREMONT	UT	WAYNE COUNTY

K27KB-D	CAINEVILLE	UT	WAYNE COUNTY
K27IX-D	LOA, ETC.	UT	WAYNE 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.	Mauri Kent Parsons <i>Central Utah TV Translator Coordinator</i> 11/01/2016

Attachments

Information not provided.