



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: **0000017199** | Submit Date: **11/14/2016** | Call Sign: **K14MU-D** | Facility ID: **168294** | FRN: **0011584141**
State: **Oklahoma** | City: **WEATHERFORD**
Service: **LPT** | Purpose: **Annual Ancillary/Supplemental Service Report** | Status: **Received** | Status Date: **11/14/2016**
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
OKLAHOMA COMMUNITY TELEVISION, LLC Doing Business As: OKLAHOMA COMMUNITY TELEVISION, LLC	Jack Mills P.O. BOX 398 SAYRE, OK 73662 United States	+1 (405) 841- 9161	jack. mills@news9. net	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
DAVID A. O'CONNOR , ESQ . WILKINSON BARKER KNAUER, LLP	1800 M Street, N. W. Suite 800N Washington, DC 20036 United States	+1 (202) 783- 4141	DOCONNOR@WBKLAW. COM	Legal Representative
B. W. St. Clair <i>TECHNICAL CONSULTANT</i> Owner	2355 Ranch Drive Westminster, CO 80234 United States	+1 (303) 465- 5742	stcl@comcast.net	Technical Representative

**Ancillary
/Supplementary
Services**

Section	Question	Response
	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?	No
	Are there any other stations by the same licensee that have not provided such services?	Yes

Call Sign	City	State	Licensee
K42IB-D	SAYRE	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K44IW-D	HOLLIS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K46JL-D	ALTUS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K39JH-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K30JP-D	SAYRE	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K22IC-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K34JK-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K42IC-D	WEATHERFORD	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K15HQ-D	SAYRE	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K31JW-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K21JN-D	ERICK	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K43KT-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K16KR-D	MCALESTER	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K32IC-D	ALTUS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K34JJ-D	HOLLIS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K47LR-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K40JP-D	SAYRE	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K20JB-D	HOLLIS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K50KE-D	ALTUS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K43KS-D	ALTUS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K21IT-D	WEATHERFORD	OK	OKLAHOMA COMMUNITY TELEVISION, LLC

K42AG-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K23IZ-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K27JO-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K23IY-D	WEATHERFORD	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K18HX-D	HOLLIS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K35KE-D	HOLLIS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K47LS-D	HOLLIS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K14NY-D	SAYRE	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K49KK-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K48KY-D	ALTUS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K29HY-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K16IR-D	SAYRE	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K26IR-D	STRONG CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K45JZ-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K25JO-D	ALTUS	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K25LQ-D	ELK CITY	OK	OKLAHOMA COMMUNITY TELEVISION, LLC
K36IY-D	WEATHERFORD	OK	OKLAHOMA COMMUNITY TELEVISION, LLC

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>Stephen P. Foerster <i>President and Manager</i></p> <p>11/14/2016</p>

Attachments

Information not provided.