



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: **0000017295** | Submit Date: **11/14/2016** | Call Sign: **K51FY-D** | Facility ID: **63764** | FRN: **0006175699** | State: **Utah** | City: **SUMMIT COUNTY**
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
SUMMIT COUNTY Doing Business As: SUMMIT COUNTY	Derrick Radke P. O. BOX 128 COALVILLE, UT 84017 United States	+1 (801) 560-0069	RTICOMB@AOL.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
Derrick Radke <i>Public Works Director</i> SUMMIT COUNTY	Derick Radke P. O. BOX 128 COALVILLE, UT 84017 United States	+1 (435) 336- 3250	dradke@co.summit.ut. us	Legal Representative
RON TITCOMB <i>Translator Specialist</i> Summit County	4570 LAKE CREEK ROAD HEBER CITY, UT 84032 United States	+1 (435) 654- 2617	RTICOMB@AOL.COM	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
K36IS-D	WOODLAND & KAMAS	UT	SUMMIT COUNTY
K40NV-D	PEOA AND OAKLEY	UT	SUMMIT COUNTY
K29HX-D	WANSHIP	UT	SUMMIT COUNTY
K32IU-D	WANSHIP	UT	SUMMIT COUNTY
K34JC-D	WOODLAND & KAMAS	UT	SUMMIT COUNTY
K25KK-D	PEOA, ETC.	UT	SUMMIT COUNTY
K23IP-D	WANSHIP	UT	SUMMIT COUNTY
K30KF-D	WOODLAND & KAMAS	UT	SUMMIT COUNTY
K35IS-D	PEOA,OAKLEY	UT	SUMMIT COUNTY
K41GS-D	SUMMIT COUNTY	UT	SUMMIT COUNTY
K24IF-D	SAMAK	UT	SUMMIT COUNTY
K33FY-D	PARK CITY	UT	SUMMIT COUNTY
K33JG-D	PEOA, OAKLEY	UT	SUMMIT COUNTY
K27IZ-D	COALVILLE	UT	SUMMIT COUNTY
K25KI-D	HENEFER, ETC.	UT	SUMMIT COUNTY
K23JS-D	COALVILLE	UT	SUMMIT COUNTY
K21JM-D	COALVILLE	UT	SUMMIT COUNTY
K24HM-D	HENEFER & ECHO	UT	SUMMIT COUNTY
K49FY-D	SUMMIT COUNTY	UT	SUMMIT COUNTY
K27JB-D	SAMAK	UT	SUMMIT COUNTY
K26LF-D	HENEFER, ETC.	UT	SUMMIT COUNTY
K30KC-D	SAMAK	UT	SUMMIT COUNTY
K29II-D	PARK CITY	UT	SUMMIT COUNTY

K43AA-D	SUMMIT COUNTY	UT	SUMMIT COUNTY
K31FQ-D	PARK CITY	UT	SUMMIT COUNTY
K30KE-D	WANSHIP	UT	SUMMIT COUNTY
K30KG-D	COALVILLE, ETC.	UT	SUMMIT COUNTY
K29IM-D	SAMAK	UT	SUMMIT COUNTY
K17DG-D	RURAL SUMMIT COUNTY	UT	SUMMIT COUNTY
K28JS-D	SAMAK	UT	SUMMIT COUNTY
K18KO-D	RURAL SUMMIT COUNTY	UT	SUMMIT COUNTY
K32IT-D	COALVILLE AND ADJ. A	UT	SUMMIT COUNTY
K25KL-D	WANSHIP	UT	SUMMIT COUNTY
K33LV-D	HENEFER, ETC	UT	SUMMIT COUNTY
K23JR-D	HENEFER, ETC.	UT	SUMMIT COUNTY
K19DU-D	SUMMIT COUNTY	UT	SUMMIT COUNTY
K32IS-D	HENEFER, ETC.	UT	SUMMIT COUNTY
K14PF-D	PEOA, OAKLEY	UT	SUMMIT COUNTY
K27JA-D	HENEFER & ECHO	UT	SUMMIT COUNTY
K21IY-D	PEOA,OAKLEY	UT	SUMMIT COUNTY
K29FY-D	HENEFER/ECHO	UT	SUMMIT COUNTY
K28JR-D	WANSHIP	UT	SUMMIT COUNTY
K15FL-D	PARK CITY	UT	SUMMIT COUNTY
K27GD-D	PARK CITY	UT	SUMMIT COUNTY
K29IN-D	COALVILLE AND ADJ.AR	UT	SUMMIT COUNTY
K23IQ-D	SAMAK	UT	SUMMIT COUNTY
K39HP-D	PARK CITY	UT	SUMMIT COUNTY
K25KJ-D	COALVILLE	UT	SUMMIT COUNTY
K38KD-D	WOODLAND & KAMAS	UT	SUMMIT COUNTY
K24IG-D	WOODLAND	UT	SUMMIT COUNTY
K26IM-D	SAMAK	UT	SUMMIT COUNTY
K21JL-D	WANSHIP	UT	SUMMIT COUNTY
K31KC-D	COALVILLE&ADJ.	UT	SUMMIT COUNTY

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>Ron Titcomb <i>CountyTranslator Specialist</i></p> <p>11/14/2016</p>

Attachments

Information not provided.