



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000018830 | Submit Date: 12/01/2016 | Call Sign: K15AS-D | Facility ID: 52480 | FRN: 0014325781 | State: Montana | City: SACO

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 12/01/2016 | 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
PHILLIPS COUNTY TV TRANSLATOR DISTRICT Applicant Doing Business As: PHILLIPS COUNTY TV TRANSLATOR DISTRICT	PO BOX 387 MALTA, MT 59538 United States	+1 (406) 654-2553	siscodan7@itstriangle.com	Other

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
DAN Sisco <i>Technician</i> PHILLIPS COUNTY TV TRANSLATOR DISTRICT	PO Box 688 Malta, MT 59538 United States	+1 (406) 654- 2553	siscodan7@itstriangle. com	Technical Representative
Byron W. St. Clair <i>ENGINEERING CONSULTANT</i> B. W. St. Clair	2355 RANCH DRIVE WESTMINSTER, CO 80234 United States	+1 (303) 465- 5742	STCL@COMCAST. NET	Technical Representative

Ancillary  
/Supplementary  
Services

Call Sign	City	State	Licensee
K11GX-D	WHITEWATER	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K07IB-D	WHITEWATER	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K36CW-D	DODSON	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K20BP-D	PHILLIPS COUNTY	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K28MK-D	PHILLIPS COUNTY	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K08FS-D	DODSON	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K17KU-D	SACO	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K12GP-D	DODSON	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K09BX-D	SACO	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K12FB-D	SACO	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K09JG-D	MALTA	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K26LG-D	PHILLIPS COUNTY	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K10FC-D	DODSON	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K07IC-D	MALTA	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K34DN-D	WHITEWATER	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K13GP-D	MALTA	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K11IH-D	MALTA	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K13DU-D	WHITEWATER	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT
K46BX-D	PHILLIPS COUNTY	MT	PHILLIPS COUNTY TV TRANSLATOR DISTRICT

## 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	<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>Mike Ereaux</b> <i>Chairman</i>  12/01/2016

**Attachments**

Information not provided.