



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000018916 | Submit Date: 12/02/2016 | Call Sign: K40CG-D | Facility ID: 55596 | FRN: 0004311916 | State: Colorado | City: YUMA

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 12/02/2016

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
REGION 1 TRANSLATOR ASSOCIATION Doing Business As: REGION 1 TRANSLATOR ASSOCIATION	323 W 4TH AVE YUMA, CO 80759 United States	+1 (970) 630-3854	RFSYSTEMSLLC@GMAIL.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
(1)

Contact Name	Address	Phone	Email	Contact Type
Ed Lake CHIEF OPERATOR RF Systems LLC	323 W. 4th Ave Yuma, CO 80759 United States	+1 (970) 630-3854	rfsystemsllc@gmail.com	Technical Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
K14KL-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K30HA-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K15FD-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K25GZ-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K26FP-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K17KX-D	ANTON	CO	REGION 1 TRANSLATOR ASSOCIATION
K08ND-D	AKRON	CO	REGION 1 TRANSLATOR ASSOCIATION
K51IL-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K18GM-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K33GM-D	HAXTUN	CO	REGION 1 TRANSLATOR ASSOCIATION
K16ET-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K38AD-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K41MT-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K39LU-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K43JJ-D	HAXTUN	CO	REGION 1 TRANSLATOR ASSOCIATION
K31IH-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K50FJ-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K29HD-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K44FM-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K26GX-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K28JH-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K20KO-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K46FF-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K22CQ-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K16EK-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K34AC-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K20GK-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K48GA-D	WRAY	CO	REGION 1 TRANSLATOR ASSOCIATION
K36AC-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K18FO-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K35GO-D	HAXTUN	CO	REGION 1 TRANSLATOR ASSOCIATION
K42GI-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K50LP-D	ANTON	CO	REGION 1 TRANSLATOR ASSOCIATION
K39HM-D	HAXTUN	CO	REGION 1 TRANSLATOR ASSOCIATION

K21FF-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K24FU-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K32AB-D	YUMA	CO	REGION 1 TRANSLATOR ASSOCIATION
K29GI-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K49IN-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K18KH-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K45IS-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K17EU-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K11UW-D	AKRON	CO	REGION 1 TRANSLATOR ASSOCIATION
K24EZ-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K27IH-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K20HM-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K31FZ-D	HAXTUN	CO	REGION 1 TRANSLATOR ASSOCIATION
K19EG-D	HOLYOKE	CO	REGION 1 TRANSLATOR ASSOCIATION
K14LB-D	IDALIA	CO	REGION 1 TRANSLATOR ASSOCIATION
K47JH-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K22KW-D	JULESBURG	CO	REGION 1 TRANSLATOR ASSOCIATION
K30GO-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION
K28IX-D	PLEASANT VALLEY	CO	REGION 1 TRANSLATOR ASSOCIATION

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.	ED IAKE <i>CHEIF OPERATOR</i> 12/02/2016

Attachments

Information not provided.