



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000018933 | Submit Date: 12/05/2016 | Call Sign: K08PK-D | Facility ID: 43370 | FRN: 0001591460 | State: Arizona | City: BULLHEAD CITY

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 12/05/2016 | 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
MOHAVE COUNTY BOARD OF SUPERVISORS Applicant Doing Business As: MOHAVE COUNTY BOARD OF SUPERVISORS	PO BOX 7000 KINGMAN, AZ 86402 United States	+1 (928) 753-0729	kkeane@duanemorris.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
LOUIS R. DUTREIL , JR. . CONSULTING ENGINEER DUTREIL, LUNDIN & RACKLEY	DUTREIL LUNDIN & RACKLEY INC 201 FLETCHER AVE SARASOTA, FL 34237 United States	+1 (941) 329- 6004	BOBJR@DLR.COM	Technical Representative
WILLIAM KEANE Attorney DUANE MORRIS LLP	505 9th Street, N.W. Suite 1000 Washington, DC 20004 United States	+1 (202) 776- 5243	KKEANE@DUANEMORRIS. COM	Legal Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
K42CP-D	PEACH SPRINGS	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K46CG-D	GOLDEN VALLEY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K04GT-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K41FT-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K49EU-D	CHLORIDE	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K43GU-D	DOLAN SPRINGS	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K36FZ-D	MEADVIEW	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K42EU-D	TOPOCK	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K27EJ-D	COLORADO CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K23DK-D	MEADVIEW	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K31GZ-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K34EF-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K38IR-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K25DH-D	MEADVIEW	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K46GI-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K27DA-D	BIG SANDY VALLEY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K26GF-D	PEACH SPRINGS	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K23FV-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K48AY-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K17BN-D	NEEDLES	CA	MOHAVE COUNTY BOARD OF SUPERVISORS
K32DW-D	CHLORIDE	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K31EA-D	LITTLEFIELD	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K21FU-D	TOPOCK	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K08PK-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K35EI-D	DOLAN SPRINGS	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K29FD-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K30GG-D	CHLORIDE	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K12OF-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K39FV-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K35EE-D	MOCCASIN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K03IL-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K44DK-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K16EV-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K43GJ-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS

K31HY-D	NEEDLES, ETC.	CA	MOHAVE COUNTY BOARD OF SUPERVISORS
K47HE-D	MEADVIEW	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K21EG-D	GOLDEN VALLEY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K21EA-D	LAKE HAVASU CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K41BZ-D	DOLAN SPRINGS	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K42CQ-D	CHLORIDE	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K38GR-D	MEADVIEW	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K49GE-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K31BI-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K05MR-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K07YJ-D	BULLHEAD CITY	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS
K50CY-D	KINGMAN	AZ	MOHAVE COUNTY BOARD OF SUPERVISORS

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.	Mike Hendrix COUNTY ADMINISTRATOR 12/05/2016

Attachments

Information not provided.