



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000005899 | Submit Date: 11/13/2015 | Call Sign: K23IV-D | Facility ID: 167772 | FRN: 0006132963 | State: Utah | City: SPRING GLEN

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/13/2015 | 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
CARBON COUNTY Doing Business As: CARBON COUNTY	120 E MAIN PRICE, UT 84501 United States	+1 (435) 636-3275	BRYAN.ANDERSON@CARBON.UTAH.GOV	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
BRYAN ANDERSON CARBON COUNTY	751 E 100 N PRICE, UT 84501 United States	+1 (435) 636- 3275	BRYAN.ANDERSON@CARBON.UTAH. GOV	Legal Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
K41LB-D	SCOFIELD	UT	CARBON COUNTY
K33KI-D	SPRING GLEN	UT	CARBON COUNTY
K35JJ-D	SCOFIELD	UT	CARBON COUNTY
K31MC-D	SPRING GLEN, ETC.	UT	CARBON COUNTY
K36JU-D	HELPER	UT	CARBON COUNTY
K33JI-D	SCOFIELD	UT	CARBON COUNTY
K25JM-D	PRICE	UT	CARBON COUNTY
K36JW-D	SPRING GLEN	UT	CARBON COUNTY
K43MC-D	SCOFIELD	UT	CARBON COUNTY
K29IW-D	CLEAR CREEK	UT	CARBON COUNTY
K44JT-D	CLEAR CREEK	UT	CARBON COUNTY
K23IU-D	SCOFIELD	UT	CARBON COUNTY
K51JX-D	HELPER	UT	CARBON COUNTY
K42IU-D	CLEAR CREEK	UT	CARBON COUNTY
K35LC-D	HELPER	UT	CARBON COUNTY
K49KY-D	SCOFIELD	UT	CARBON COUNTY
K43NO-D	SPRING GLEN	UT	CARBON COUNTY
K39KF-D	EAST CARBON COUNTY	UT	CARBON COUNTY
K31JN-D	SCOFIELD	UT	CARBON COUNTY
K31KO-D	HELPER	UT	CARBON COUNTY
K33KG-D	HELPER	UT	CARBON COUNTY
K36JV-D	EAST PRICE	UT	CARBON COUNTY
K49LQ-D	SPRING GLEN	UT	CARBON COUNTY
K34JT-D	EAST PRICE	UT	CARBON COUNTY
K34KP-D	CLEAR CREEK	UT	CARBON COUNTY
K47ME-D	EAST CARBON COUNTY	UT	CARBON COUNTY
K42HV-D	EAST PRICE	UT	CARBON COUNTY
K50LJ-D	SPRING GLEN	UT	CARBON COUNTY
K28KS-D	EAST PRICE	UT	CARBON COUNTY
K38KS-D	EAST PRICE	UT	CARBON COUNTY
K40KM-D	CLEAR CREEK	UT	CARBON COUNTY
K45KW-D	SCOFIELD	UT	CARBON COUNTY
K36JT-D	CLEAR CREEK	UT	CARBON COUNTY
K38LG-D	CLEAR CREEK	UT	CARBON COUNTY

K26LR-D	HELPER	UT	CARBON COUNTY
K44IS-D	PRICE	UT	CARBON COUNTY
K40KE-D	EAST PRICE	UT	CARBON COUNTY
K26LP-D	SPRING GLEN	UT	CARBON COUNTY
K29JP-D	EAST PRICE	UT	CARBON COUNTY
K28KP-D	CLEAR CREEK	UT	CARBON COUNTY
K20LN-D	HELPER	UT	CARBON COUNTY
K41LJ-D	EAST PRICE	UT	CARBON COUNTY
K48LS-D	CLEAR CREEK	UT	CARBON COUNTY
K23IV-D	SPRING GLEN	UT	CARBON COUNTY
K46KL-D	CLEAR CREEK	UT	CARBON COUNTY
K32IZ-D	SCOFIELD	UT	CARBON COUNTY
K45LI-D	EAST PRICE	UT	CARBON COUNTY
K50MN-D	HELPER	UT	CARBON COUNTY
K49ME-D	HELPER	UT	CARBON COUNTY
K43NP-D	HELPER	UT	CARBON COUNTY

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.	BRYAN ANDERSON <i>COMMUNICATIONS SPECIALIST</i> 11/13/2015

Attachments

Information not provided.