



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000006350 | Submit Date: 11/23/2015 | Call Sign: K05GL-D | Facility ID: 53516 | FRN: 0006132047 | State: Idaho | City: COOLIN

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/23/2015 | 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
PRIEST LAKE TRANSLATOR DISTRICT Doing Business As: PRIEST LAKE TRANSLATOR DISTRICT	BOX 53 COOLIN, ID 83821 United States	+1 (208) 443- 2492	layer@priestriv. 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
<b>Larry Ayer</b> <i>Member, Board of Trustees and Technician</i> Priest Lake Translator District	Larry Ayer PO Box 53 COOLIN, ID 83821-0053 United States	+1 (208) 443-2492	LAYER@PRIESTRIVER.COM	Technical Representative
<b>Galen Miller</b> <i>DISTRICT BOARD OF TRUSTEES CHAIRMAN</i> Priest Lake Translator District	Galen A. Miller 1842 W Summit Parkway Spokane, WA 99201 United States	+1 (509) 344-9200	GAM1842@GMAIL.COM	Legal Representative

Ancillary  
/Supplementary  
Services

Call Sign	City	State	Licensee
K05GL-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K31DS-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K51EF-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K40DJ-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K11UN-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K12LF-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K09XY-D	COOLIN	ID	PRIEST LAKE TRANSLATOR DISTRICT
K10KR-D	COOLIN	ID	PRIEST LAKE 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>GALEN A MILLER</b> <i>CHAIRMAN, DISTRICT BOARD OF TRUSTEES</i>  11/23/2015

**Attachments**

Information not provided.