

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(1) LOCK BOX # 358165		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) HOAK MEDIA OF WICHITA FALLS, L.P.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$150.00	
(4) STREET ADDRESS LINE NO. 1 3601 SEYMOUR HIGHWAY			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY WICITA FALLS		(7) STATE TX	(8) ZIP CODE 76309
(9) DAYTIME TELEPHONE NUMBER (include area code) 940-322-6957		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0009510603		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(13) APPLICANT NAME HOAK MEDIA OF WICHITA FALLS, L.P.			
(14) STREET ADDRESS LINE NO. 1 3601 SEYMOUR HIGHWAY			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY WICITA FALLS		(17) STATE TX	(18) ZIP CODE 76309
(19) DAYTIME TELEPHONE NUMBER (include area code) 940-322-6957		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0009510603		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KAUZ-DT	(24A) PAYMENT TYPE CODE		(25A) QUANTITY
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE \$150.00		FCC USE ONLY
(28A) FCC CODE 1 6864		(29A) FCC CODE 2	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE		(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE		FCC USE ONLY
(28B) FCC CODE 1		(29B) FCC CODE 2	
SECTION D - CERTIFICATION			
CERTIFICATION STATEMENT I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.			
SIGNATURE _____		DATE _____	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____			
ACCOUNT NUMBER _____		EXPIRATION DATE _____	
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.			
SIGNATURE _____		DATE _____	

FAX

A CBS Affiliate

To: Charlie From: Kyle
Fax: _____ Pages: 3
Phone: _____ Date: 9-20-05
Re: _____

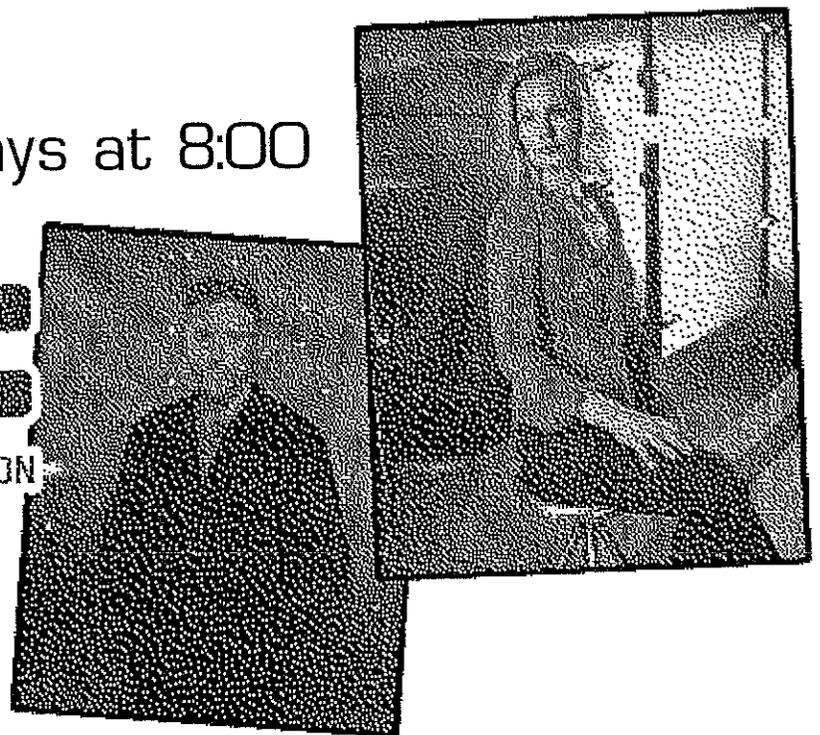
Urgent For Review Please Comment Please Reply Please Recycle

Comments: Letter + what I pulled off of web-site
for our station. KW

Thursdays at 8:00

CSI:

CRIME SCENE INVESTIGATION





September 19, 2005

Marlene H. Dortch, Secretary
Federal Communications Commission
C/O Mass Media Services
P.O. Box 358165
Pittsburgh, PA 15251-5165

RE: KAUZ-DT, Wichita Falls, TX (Facility ID 6864)
Request For Special Temporary Authority (STA)
File # BEDSTA-20050215ACM

Hoak Media of Wichita Falls, L.P. licensee of KAUZ-TV and permittee of KAUZ-TV Channel 22 wishes to continue operating the facilities authorized in the STA under construction permit BPCDT-1991028ADR. Accordingly, on behalf of Hoak Media, we hereby request extension of the STA for an additional 6 months.

The licensee also certifies that neither Hoak Media nor any party to their request is subject to denial of Federal benefits pursuant to section 5501 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853a.

Accompanying the STA request is FCC Form 159 and a check in the amount of \$150.00 made payable to the FCC, to cover the request filing fee.

If there are any questions concerning this matter, please contact the undersigned.

Respectfully submitted,

A handwritten signature in cursive script that reads "Kyle Williams".

Kyle Williams
GM KAUZ

KAUZ-TV
P.O. Box 2130
Wichita Falls, Texas 76307
Phone (940) 322-6957
Fax (940) 761-3331
email@kauz.com

Hoak Media Corporation



Application Search Details

File Number: BEDSTA-20050215ACM
Call Sign: KAUZ-TV
Facility Id: 6864
FRN: 0009510603
Applicant Name: HOAK MEDIA OF WICHITA FALLS, L.P.
Frequency:
Channel:
Community of License: WICHITA, TX
Application Type: EXTENSION OF STA
Status: GRANTED
Status Date: 03/31/2005
Expiration Date: 09/30/2005
Tolling Code:
Application Service: DS
Disposed Date: 03/31/2005
Accepted Date: 03/30/2005
Last Public Notice:
Last Report Number:
Authorization: Authorization not available
Legal Actions: [View Legal Actions](#)
PN Comment: [Public Notice Comment](#)
Correspondence Folder: [View Correspondence Folder](#)

Acct #
319341
KAUZ-TV 22

1369

HOAK MEDIA OF WICHITA FALLS, LP

KAUZ TV
500 CRESCENT COURT, STE 220
DALLAS, TX 75201

FIRST AMERICAN BANK, SSB
88-9353-1131

PAY TO THE
ORDER OF

Federal Communication Commission

\$ 150.00

DOLLARS

081064/3-90

MEMO

⑈001369⑈ ⑆113193532⑆ 033227203⑈

[Signature]

HOAK MEDIA OF WICHITA FALLS, LP
KAUZ TV

1369

F.C.C. - 150.00 - STA under construction permit

BPCDT-1991028 ADR

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REMITTANCE ADVICE

(1) LOCKBOX #
358165

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FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)
Hoak Media of Wichita Falls, L.P.

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)

(4) STREET ADDRESS LINE NO. 1
3601 Seymour Highway

(5) STREET ADDRESS LINE NO. 2

(6) CITY
Wichita Falls

(7) STATE
TX

(8) ZIP CODE
76209

(9) DAYTIME TELEPHONE NUMBER (include area code)
940-222-6957

(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN)
0009510603

(12) FCC USE ONLY

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COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

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(22) FCC USE ONLY

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID
KAUZ-DT

(24A) PAYMENT TYPE CODE

(25A) QUANTITY

(26A) FEE DUE FOR (PTC)

(27A) TOTAL FEE
\$ 150.00

FCC USE ONLY

(28A) FCC CODE 1
6864

(29A) FCC CODE 2

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE

(25B) QUANTITY

(26B) FEE DUE FOR (PTC)

(27B) TOTAL FEE

FCC USE ONLY

(28B) FCC CODE 1

(29B) FCC CODE 2

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT
I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.
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SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

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