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| Federal Communications Commission<br>Washington, D.C. 20554<br><br><p style="text-align: center;"><b>FCC 303-S</b></p> | Approved by OMB<br>3060-0110 (July 2004) |
| <b>APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE</b>  |  |
| Read INSTRUCTIONS Before Filling Out Form  |  |

FOR FCC USE ONLY

FOR COMMISSION USE ONLY  
 FILE NO.  
 BRCT - 20060530ADZ

**Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS**

|   |  |   |   |  |                  |            |
|---|--|---|---|--|------------------|------------|
| 1.                                      | Legal Name of the Applicant<br>NEUHOFF FAMILY LIMITED PARTNERSHIP  |   |   |  |                  |            |
|   | Mailing Address<br>1734 NORTH WINCHESTER AVENUE  |   |   |  |                  |            |
|   | City<br>CHICAGO  | State or Country (if foreign address)<br>IL           |   |  |                  |            |
|   | Telephone Number (include area code)<br>7734891579   | ZIP Code<br>60622 -                                   |   |  |                  |            |
|   | FCC Registration Number:<br>0009515107   | Call Sign<br>KMVT                                     |   |  |                  |            |
|   |  | Facility Identifier<br>35200                          |   |  |                  |            |
| 2.                                      | Contact Representative (if other than Applicant)<br>MALCOLM G. STEVENSON   | Firm or Company Name<br>SCHWARTZ, WOODS & MILLER      |   |  |                  |            |
|   | Mailing Address<br>1233 20TH STREET, NW<br>SUITE 610   |   |   |  |                  |            |
|   | City<br>WASHINGTON   | State or Country (if foreign address)<br>DC           |   |  |                  |            |
|   | Telephone Number (include area code)<br>2028331700   | Zip Code<br>20036 - 7322                              |   |  |                  |            |
|   |  | E-Mail Address (if available)<br>STEVENSON@SWMLAW.COM |   |  |                  |            |
| 3.                                      | If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114):<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee <input type="radio"/> Other<br><input type="radio"/> N/A (Fee Required)  |   |   |  |                  |            |
| 4.                                      | <b>Purpose of Application</b><br><input checked="" type="radio"/> Renewal of license<br><input type="radio"/> Amendment to pending renewal application<br>If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the pending application that are being revised. [Exhibit 1]   |   |   |  |                  |            |
| 5.                                      | <b>Facility Information:</b> <input checked="" type="radio"/> Commercial <input type="radio"/> Noncommercial Educational   |   |   |  |                  |            |
| 6.                                      | <b>Service and Community of License</b><br>a. <input type="radio"/> AM <input type="radio"/> FM <input checked="" type="radio"/> TV <input type="radio"/> FM Translator <input type="radio"/> LPFM<br><input type="radio"/> TV Translator <input type="radio"/> Low Power TV <input type="radio"/> Class A TV<br><br><table border="1" style="width:100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Community of License /Area to be Served</td> </tr> <tr> <td style="width:50%; padding: 5px;">City: TWIN FALLS</td> <td style="width:50%; padding: 5px;">State : ID</td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), LPTV station(s), in addition to the station listed in Section I question 1? (The callsign(s) of any associated FM translators, TV translators or LPTVs will be requested in Section V). <input checked="" type="radio"/> Yes <input type="radio"/> No |   | Community of License /Area to be Served |  | City: TWIN FALLS | State : ID |
| Community of License /Area to be Served |  |   |   |  |                  |            |
| City: TWIN FALLS                        | State : ID   |   |   |  |                  |            |

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| 7. | <b>Other Authorizations.</b> List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested. | [Exhibit 2] |
|----|---|-------------|

**Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS**

|    |  |   |
|----|--|---|
| 1. | <b>Certification.</b> Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application, instructions and worksheets.                             | <input checked="" type="radio"/> Yes <input type="radio"/> No                                   |
| 2. | <b>Character Issues.</b> Licensee certifies that the neither the licensee nor any party to the application has or has had any interest in, or connection with:   |   |
|    | a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or  | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>See Explanation in [Exhibit 3] |
|    | b. any pending broadcast application in which character issues have been raised.   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>See Explanation in [Exhibit 4] |
| 3. | <b>Adverse Findings.</b> Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination. | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>See Explanation in [Exhibit 5] |
| 4. | <b>FCC Violations during the Preceding License Term.</b> Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.                                       | <input type="radio"/> Yes <input checked="" type="radio"/> No<br>See Explanation in [Exhibit 6] |
| 5. | <b>Alien Ownership and Control.</b> Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>See Explanation in [Exhibit 7] |
| 6. | <b>Anti-Drug Abuse Act Certification.</b> Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.   | <input checked="" type="radio"/> Yes <input type="radio"/> No                                   |

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

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| Typed or Printed Name of Person Signing<br>GEOFFREY H. NEUHOFF | Typed or Printed Title of Person Signing<br>EXECUTIVE VICE PRESIDENT |
| Signature  | Date<br>05/30/2006   |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on this report, the report may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authority. We have estimated that each response to this collection of information will average 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0110), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to Leslie.Smith@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0110.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

**SECTION IV - TO BE COMPLETED BY TV AND CLASS A LICENSEES ONLY**

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|----|--|---|
| 1. | <p><b>Biennial Ownership Report:</b> Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission as required by 47 C.F.R. Section 73.3615.</p>  | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 14]</p>   |
| 2. | <p><b>EEO Program:</b> Licensee certifies that:</p> <p>a. The station's Broadcast EEO Program Report (FCC Form 396) has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1).</p> <p>Specify FCC Form 396 File Number : B396 20060530ADX</p> <p>b. The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).</p>   | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 15]</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No<br/><input type="radio"/> N/A</p> <p>See Explanation in [Exhibit 16]</p> |
| 3. | <p><b>Local Public File.</b> Licensee certifies that the documentation, required by 47 C.F.R. Section 73.3526 or 73.3527, as applicable, has been placed in the station's public inspection file at the appropriate times.</p>   | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>[Exhibit 17]</p>  |
| 4. | <p><b>Violent Programming.</b> Licensee certifies that no written comments or suggestions have been received from the public that comment on its station's programming and characterize that programming as constituting violent programming.</p> <p>If No, submit as an Exhibit a summary of those written comments and suggestions received from the public.</p>   | <p><input checked="" type="radio"/> Yes <input type="radio"/> No<br/><input type="radio"/> N/A</p> <p>See Explanation in [Exhibit 18]</p>   |
| 5. | <p><b>Children's Programming Commercial Limitations</b> For the period of time covered by this application, the licensee certifies that it has complied with the limits on commercial matter as set forth in 47 C.F.R. Section 73.670. (The limits are no more than 12 minutes of commercial matter per hour during children's programming on weekdays, and no more than 10.5 minutes of commercial matter per hour during children's programming on weekends. The limits also apply pro rata to children's programs which are 5 minutes or more and which are not part of a longer block of children's programming.)</p> <p>If No, submit as an Exhibit a statement of explanation a list of each segment of programming 5 minutes or more in duration designed for children 12 years and under and broadcast during the license period which contained commercial matter in excess of the limits. For each programming segment so listed, indicate the length of the segment, the amount of commercial</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No<br/><input type="radio"/> N/A</p> <p>See Explanation in [Exhibit 19]</p>   |

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|     | matter contained therein, and an explanation of why the limits were exceeded.   |   |
| 6.  | For the period of time covered by this application, the applicant certifies that it has filed with the Commission, <b>and incorporates by reference</b> , the Children's Television Programming Reports (FCC Form 398) as described in 47 C.F.R. Section 73.3526.<br><br>If No, <b>submit as an Exhibit</b> a statement of explanation.   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A<br><br>See Explanation in [Exhibit 20] |
| 7.  | For the period of time covered by this application, the applicant certifies that the average number of hours of CORE programming per week broadcast by the station totalled 3 hours or more (averaged over a six-month period).   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A<br><br>See Explanation in [Exhibit 21] |
| 8.  | The licensee certifies that it identifies each CORE Program aired at the beginning of the airing of each program as required by 47 C.F.R. Section 73.673.<br><br>If No, <b>submit as an Exhibit</b> a statement of explanation.   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A<br><br>See Explanation in [Exhibit 22] |
| 9.  | The licensee certifies that it provides information identifying each CORE Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673.<br><br>If No, <b>submit as an Exhibit</b> a statement of explanation.  | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A<br><br>See Explanation in [Exhibit 23] |
| 10. | The licensee certifies that it publicizes the existence and location of the station's Children's Television Programming Reports (FCC Form 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii).<br><br>If No, <b>submit as an Exhibit</b> a statement of explanation, including the specific steps the applicant intends to implement to ensure compliance in the future.  | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A<br><br>See Explanation in [Exhibit 24] |
| 11. | The licensee may include as an exhibit any other comments or information it wants the Commission to consider in evaluating compliance with the Children's Television Act. This may include information on any other non-core educational and informational programming that the applicant aired or plans to air, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTE 2.                           | [Exhibit 25]  |
| 12. | <b>Continued Class A Eligibility.</b> Licensee certifies that its station does, and will continue to, broadcast: (a) a minimum of 18 hours per day; and (b) an average of at least 3 hours per week of programming each quarter produced within the market area served by the station, a group of commonly controlled low power or Class A stations whose predicted Grade B contours are contiguous.  | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A<br><br>See Explanation in [Exhibit 26] |
| 13. | <b>Discontinued Operations.</b> Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><br>See Explanation in [Exhibit 27]                              |
| 14. | <b>Silent Station.</b> Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| 15. | <b>Environmental Effects.</b> Licensee certifies that the specified facility complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments.<br><br>By checking "Yes" above, the licensee also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines. | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><br>See Explanation in [Exhibit 28]                              |

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| <p>16. <b>Local TV Ownership Waiver.</b> Has the licensee been granted a "failing" or "marginal" station waiver of 47 C.F.R. Section 73.3555(b)?</p> <p>If Yes, <b>submit as an Exhibit</b> a specific factual showing of the program-related benefits that have accrued to the public as a result of that waiver.</p> | <p style="text-align: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: center;">See Explanation in<br/>[Exhibit 29]</p> |
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**SECTION V - OTHER - TO BE COMPLETED BY TRANSLATOR (FM OR TV) AND LOW POWER (FM OR TV) LICENSEES ONLY**

|  |  |                             |
|--|--|-----------------------------|
| 1. and 2. [Station Info and Status]  |  |                             |
| Low Power Applicants: Answer Question 2a only.   |  |                             |
| <b>1. Station Information:</b>   |  |                             |
| Call Sign  | Facility Identifier  | Area Licensed to Serve      |
| K04EN  | 35204  | City:GLENN'S FERRY State:ID |
| <b>2. Operational Status:</b>  |  |                             |
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.   | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |                             |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.  | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A |                             |
| If Yes, identify the station being broadcast:  |  |                             |
| Call Sign  | Facility Identifier  | Area Licensed to Serve      |
| KMVT   | 35200  | City:TWIN FALLS State:ID    |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming. | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |                             |
| <b>1. Station Information:</b>   |  |                             |
| Call Sign  | Facility Identifier  | Area Licensed to Serve      |
| K09IR  | 35198  | City:ALBION State:ID        |
| <b>2. Operational Status:</b>  |  |                             |
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.   | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |                             |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.  | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A |                             |
| If Yes, identify the station being broadcast:  |  |                             |
| Call Sign  | Facility Identifier  | Area Licensed to Serve      |
| KMVT   | 35200  | City:TWIN FALLS State:ID    |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming. | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |                             |

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|--|---------------------|------------------------|--|
| <b>1. Station Information:</b>   |                     |                        |  |
| Call Sign  | Facility Identifier | Area Licensed to Serve |  |
| K13HG  | 35195               | City:KETCHUM           | State:ID   |
| <b>2. Operational Status:</b>  |                     |                        |  |
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.   |                     |                        | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.  |                     |                        | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A |
| If Yes, identify the station being broadcast:  |                     |                        |  |
| Call Sign  | Facility Identifier | Area Licensed to Serve |  |
| KMVT   | 35200               | City:TWIN FALLS        | State:ID   |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming. |                     |                        | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |

|  |                     |                        |  |
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| <b>1. Station Information:</b>   |                     |                        |  |
| Call Sign  | Facility Identifier | Area Licensed to Serve |  |
| K57CC  | 35201               | City:HAGERMAN          | State:ID   |
| <b>2. Operational Status:</b>  |                     |                        |  |
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.   |                     |                        | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.  |                     |                        | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A |
| If Yes, identify the station being broadcast:  |                     |                        |  |
| Call Sign  | Facility Identifier | Area Licensed to Serve |  |
| KMVT   | 35200               | City:TWIN FALLS        | State:ID   |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming. |                     |                        | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |

|   |                     |                        |  |
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| <b>1. Station Information:</b>  |                     |                        |  |
| Call Sign   | Facility Identifier | Area Licensed to Serve |  |
| K59CC   | 35194               | City:BURLEY            | State:ID   |
| <b>2. Operational Status:</b>   |                     |                        |  |
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.  |                     |                        | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.   |                     |                        | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A |
| If Yes, identify the station being broadcast:   |                     |                        |  |
| Call Sign   | Facility Identifier | Area Licensed to Serve |  |
| KMVT  | 35200               | City:TWIN FALLS        | State:ID   |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's . |                     |                        | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |

programming.

**1. Station Information:**

|           |                     |                        |          |
|-----------|---------------------|------------------------|----------|
| Call Sign | Facility Identifier | Area Licensed to Serve |          |
| KTID-LP   | 34311               | City:TWIN FALLS        | State:ID |

**2. Operational Status:**

|   |  |                        |                     |                        |  |      |       |                 |          |
|---|--|------------------------|---------------------|------------------------|--|------|-------|-----------------|----------|
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.  | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |                        |                     |                        |  |      |       |                 |          |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.   | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |                        |                     |                        |  |      |       |                 |          |
| If Yes, identify the station being broadcast:   |  |                        |                     |                        |  |      |       |                 |          |
| <table border="1"> <tr> <td>Call Sign</td> <td>Facility Identifier</td> <td colspan="2">Area Licensed to Serve</td> </tr> <tr> <td>KMVT</td> <td>35200</td> <td>City:TWIN FALLS</td> <td>State:ID</td> </tr> </table> |  | Call Sign              | Facility Identifier | Area Licensed to Serve |  | KMVT | 35200 | City:TWIN FALLS | State:ID |
| Call Sign   | Facility Identifier  | Area Licensed to Serve |                     |                        |  |      |       |                 |          |
| KMVT  | 35200  | City:TWIN FALLS        | State:ID            |                        |  |      |       |                 |          |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming.                  | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |                        |                     |                        |  |      |       |                 |          |

**1. Station Information:**

|           |                     |                        |          |
|-----------|---------------------|------------------------|----------|
| Call Sign | Facility Identifier | Area Licensed to Serve |          |
| KTWT-LP   | 56776               | City:TWIN FALLS        | State:ID |

**2. Operational Status:**

|   |  |                        |                     |                        |  |      |       |                 |          |
|---|--|------------------------|---------------------|------------------------|--|------|-------|-----------------|----------|
| a. <b>Silent Station:</b> Licensee certifies that the station is currently on the air.  | <input checked="" type="radio"/> Yes <input type="radio"/> No                              |                        |                     |                        |  |      |       |                 |          |
| b. <b>Rebroadcast Status:</b> Licensee certifies that the station is currently rebroadcasting the signal of an FM, TV, or LPTV station.   | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |                        |                     |                        |  |      |       |                 |          |
| If Yes, identify the station being broadcast:   |  |                        |                     |                        |  |      |       |                 |          |
| <table border="1"> <tr> <td>Call Sign</td> <td>Facility Identifier</td> <td colspan="2">Area Licensed to Serve</td> </tr> <tr> <td>KMVT</td> <td>35200</td> <td>City:TWIN FALLS</td> <td>State:ID</td> </tr> </table> |  | Call Sign              | Facility Identifier | Area Licensed to Serve |  | KMVT | 35200 | City:TWIN FALLS | State:ID |
| Call Sign   | Facility Identifier  | Area Licensed to Serve |                     |                        |  |      |       |                 |          |
| KMVT  | 35200  | City:TWIN FALLS        | State:ID            |                        |  |      |       |                 |          |
| c. <b>Rebroadcast Consent:</b> Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming.                  | <input type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> N/A |                        |                     |                        |  |      |       |                 |          |

Additional Translator Info [Exhibit 30]

**3. For FM Translator Applicants Only:**

|   |   |
|---|---|
| a. Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast. This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station. | <input type="radio"/> Yes <input type="radio"/> No<br><br>See Explanation in [Exhibit 31] |
| b. Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly  | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A           |

|    |   |   |
|----|---|---|
|    | or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station.  | See Explanation in [Exhibit 32]   |
| 4. | <b>For Low Power TV Applicants Only:</b><br>Licensee certifies that it has filed with the Commission, the station's Broadcast EEO Program Report (FCC Form 396) and has posted the most recent Public File report on the station's website, as required by 47 C.F.R. Section 73.2080(f)(1).   | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> N/A<br><br>See Explanation in [Exhibit 33] |
| 5. | <b>Environmental Effects.</b> Licensee certifies that the specified facility complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments.<br><br>By checking "Yes" above, the licensee also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines. | <input checked="" type="radio"/> Yes <input type="radio"/> No<br><br>See Explanation in [Exhibit 34]                              |

**Exhibits**

**Exhibit 6**

**Description:** EXPLANATION OF VIOLATIONS

ON JANUARY 18, 2006, THE FCC'S ENFORCEMENT BUREAU, PORTLAND OFFICE, RELEASED A NOTICE OF VIOLATION (FILE NO. EB-05-PO-229, NOV NO. V20063292006) REGARDING FAILURE TO PROPERLY DISPLAY THE ANTENNA STRUCTURE REGISTRATION NUMBER (ASRN) AT THE KMVT TOWER STRUCTURE. BY LETTER DATED FEBRUARY 6, 2006, THE LICENSEE RESPONDED TO THE NOTICE, NOTING AMONG OTHER THINGS THAT SIGNS PROPERLY DISPLAYING THE ASRN HAD APPARENTLY BEEN REMOVED THROUGH ACTS OF VANDALISM AND THAT NEW ASRN SIGNS HAD BEEN INSTALLED TO REPLACE THE STOLEN SIGNS.

ON MARCH 15, 2006, THE FCC RELEASED A NOTICE OF APPARENT LIABILITY FOR FORFEITURE (FILE NO. EB-05-IH-0035, FCC 06-18)) IN CONNECTION WITH THE BROADCAST BY NUMEROUS CBS AFFILIATES, INCLUDING KMVT, OF ALLEGEDLY INDECENT MATERIAL IN THE DECEMBER 31, 2004 EPISODE OF THE AWARD-WINNING PROGRAM WITHOUT A TRACE. ON MAY 5, 2006, CBS AFFILIATES, INCLUDING KMVT, FILED A JOINT OPPOSITION TO THE NOTICE, CONTESTING THE FCC'S FINDING REGARDING INDECENCY ON SEVERAL GROUNDS. IT MAY BE NOTED THAT, TO THE LICENSEE'S KNOWLEDGE, NO KMVT VIEWER FILED A COMPLAINT REGARDING THE PROGRAM. THIS MATTER IS PENDING.

**Attachment 6**

**Exhibit 28**

**Description:** RF STATEMENT

SEE ATTACHMENT

**Attachment 28**

| Description       |
|-------------------|
| KMVT RF STATEMENT |

**Exhibit 34**

**Description:** ENVIRONMENTAL EFFECTS

SEE ATTACHMENT

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**Attachment 34**

| Description                |
|----------------------------|
| RFR STATEMENT AND ANALYSIS |

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METHODOLOGY AND EXPLANATION OF  
ENVIRONMENTAL IMPACT / RADIO FREQUENCY RADIATION  
HAZARD ANALYSIS

A theoretical analysis has been conducted of the human exposure to radio frequency radiation (“RFR”) using the calculation methodology described in *OET Bulletin 65, Edition 97-01*. The RFR analysis is conducted pursuant to the following methodology:

Terrain<sup>1</sup> extraction is compiled from the proposed tower site to radial lengths of 0.25 miles in 0.001 mile increments for 360 radials. The power density is calculated for each terrain point at 6 feet above ground level using the elevation and azimuth pattern of the proposed broadcast antenna. The power density calculations are conducted using the lower edge of the proposed channel frequency. To account for ground reflections, a coefficient of 1.6 was included in the calculation.

The resulting cylindrical polar analysis is then summarized into a coordinate plane graph using the following methodology:

Starting from the origin the maximum calculated RFR value is determined among the 360 degree radials for each 0.001 mile increment, the value is then converted into a percentage of the maximum allowable general population or uncontrolled exposure and plotted as a function of perpendicular distance from the tower.

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<sup>1</sup> Terrain extraction is based upon a 3 arc second point spacing terrain database.