Federal Communications Commission Washington, D. C. 20554

BROADCAST MID-TERM REPORT

(For FCC Use Only)	
(Lor Loc ope om)	
Code No.	
Code No.	

			Code No).		
Legal Name of the Licensee Each Sycacical tins Covo						
Mailing Address						
City Mbarry	State or Country (if foreign address) ZIP Code 9733-1					
Telephone Number (include area co		E-Mail Addre	ess (if available)			
FCC Registration Number (FRN)	Facility ID N	56031 15	Call Sign	ALKSAD		
TYPE OF BROADCAST STATION:						
Commercial Broadcast Station	Noncomm	ercial Broadcast Statio	on			
Radio TV		Educational Radio				
Low Powe	TV	Educational TV				
Internation	al					
List call sign and location of all employees. Also list stations operate which stations are operated pursuant pursuant to a time brokerage agreemento consideration the licensee's Efform. For purposes of this form, a market that share at least one employer.	ed by the licensee pure nt to a time brokerage nent on this report, respondence of O compliance efforts station employment u	rsuant to a time brok agreement. To the ponses or information at brokered stations,	erage agreement. Indicate extent that licensees inclusive provided in Sections I that as well as any other stations.	e on the table below ude stations operated rough III should take ons, included on this I stations in the same		
Call Sign Facil	ity ID Number (ch	Type eck applicable box)	Location (city, state)	Time Brokerage Agreement (check applicable box)		
KGAL 19	039	AM FM TV	LebanonoR	Yes No		
KSHO 19	30393	AM FM TV	Lebanonek	Yes No		
		AM FM TV		Yes No		
		am 🔲 fm 🔲 tv		Yes No		
		AM FM TV		Yes No		

AM

AM

AM.

 $\square_{\mathsf{FM}} \square_{\mathsf{TV}}$

Ĵ FM [

J FM L

_ FM L

J TV

Yes

Yes

J№

No

No

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:

Name			Street	Address	3			1917	
Richard Eads			36	991	Ko	M	(122)	Dr.	
City	State	Zip Cod	е	Teleph	one No.				
Lebanon	or	973	55	()	541	9	26	2683	

FILING INSTRUCTIONS

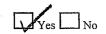
Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a television station employment unit that employs five or more full-time station employees must file a full and complete Broadcast Mid-Term Report. If a television station employment unit employs fewer than five full-time employees, only the first two pages of this report need be filed.

A copy of this Mid-Term Report must be kept in the station's public file. Failure to meet these requirements may result in sanctions or remedies. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

Consider as "full-time" employees all those permanently working 30 or more hours a week.

SECTION I.

Does your station employment unit employ fewer than five full-time employees, if television, or fewer than eleven full-time employees, if radio?



If yes, you do not have to file this form with the FCC. However, you have the option to complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, if television, or eleven or more full-time employees, if radio, you must complete all of this form and follow all instructions.

CERTIFICATION

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mint C- Early	Name of Respondent Richard C Edds
Title VP/ General Manager	Telephone No. (include area code) $54/-45/-5425$
Date 7/12/18	

FCC 397 (Page 2) September 2002