

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY
<b>FCC 317</b>		
<b>ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS</b>		FOR COMMISSION USE ONLY FILE NO. - 20101119AEJ
Read INSTRUCTIONS Before Filling Out Form		

**Section I - General Information**

1.	Legal Name of the Licensee or Permittee FISHER BROADCASTING - PORTLAND TV, L.L.C.	
	Mailing Address 140 FOURTH AVENUE NORTH SUITE 500	
	City SEATTLE	State or Country (if foreign address) WA
	Telephone Number (include area code) 2064043065	E-Mail Address (if available) LTHOMAS@FSCI.COM
	FCC Registration Number: 0005848270	Facility ID Number 21649
	Call Sign KATU	ZIP Code 98109 -
2.	Contact Representative (if other than Licensee or Permittee) WADE H HARGROVE	Firm or Company Name BROOKS, PIERCE, ET. AL.
	Telephone Number (include area code) 9198390300	E-Mail Address (if available) WHARGROVE@BROOKSPIERCE.COM
3.	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.  [Services Provided]	
5.	Total amount of gross revenues derived from feeable ancillary or supplementary services:	\$
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> N/A
7.	Certification. I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete.	
	Typed or Printed Name of Person Signing ROBERT L. DUNLOP	Typed or Printed Title of Person Signing SENIOR VICE PRESIDENT
	Signature	Date 11/19/2010

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).

**Exhibits**