

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 317</b></p>	Approved by OMB 3060-0906 (November 2008)  FOR FCC USE ONLY
<p><b>ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS</b></p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. - 20111021AAP

**Section I - General Information**

1.	Legal Name of the Licensee or Permittee WWLP BROADCASTING, LLC	
	Mailing Address ONE WEST EXCHANGE STREET SUITE 5A	
	City PROVIDENCE	State or Country (if foreign address) RI
	Telephone Number (include area code) 4014542880	ZIP Code 02903 -
	E-Mail Address (if available) REGULATORYAFFAIRS@LINMEDIA.COM	
	FCC Registration Number: 0004992871	Facility ID Number 2650
	Call Sign WFXQ-CD	
2.	Contact Representative (if other than Licensee or Permittee) JOSHUA N. PILA	Firm or Company Name LIN TELEVISION CORPORATION
	Telephone Number (include area code) 4014542880	E-Mail Address (if available) REGULATORYAFFAIRS@LINMEDIA.COM
3.	<p><b>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?</b></p> <p>If "No," complete Question 7 and submit this Report to the Commission.</p> <p>If "Yes," proceed to Questions 4 through 7.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	<p><b>Ancillary/Supplementary Services Provided.</b> 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.</p> <p>[Services Provided]</p>	
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 type="radio"/> N/A
7.	<p><b>Certification.</b> 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.</p>	
	Typed or Printed Name of Person Signing LISA MANNING	Typed or Printed Title of Person Signing ASSISTANT SECRETARY OF MANAGING MEMBER
	Signature	Date 10/21/2011

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**

