

Federal Communications Commission

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Description: KMCY(TV) DTV ANNUAL ANCILLARY REPORT 2013
Application Reference Number: 20131105AEW
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| Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 317</p> | Approved by OMB 3060-0906 (November 2008) FOR FCC USE ONLY |
| <p>ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS</p> <p>Read INSTRUCTIONS Before Filling Out Form</p> | FOR COMMISSION USE ONLY FILE NO. - 20131105AEW |

Section I - General Information

| | | | | | | | | | | |
|---|---|---|---|---------------------|--|-------------------------------|--|--|-----------------------------|-------------------|
| 1. | Legal Name of the Licensee or Permittee KBYM-KMCY, LLC Mailing Address 101 NORTH FIFTH STREET <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City FARGO</td> <td style="width:33%; border: none;">State or Country (if foreign address) ND</td> <td style="width:34%; border: none;">ZIP Code 58102 -</td> </tr> <tr> <td style="border: none;">Telephone Number (include area code) 7012376500</td> <td colspan="2" style="border: none;">E-Mail Address (if available)</td> </tr> <tr> <td style="border: none;">FCC Registration Number: 0008097289</td> <td style="border: none;">Facility ID Number 22127</td> <td style="border: none;">Call Sign KMCY</td> </tr> </table> | City FARGO | State or Country (if foreign address) ND | ZIP Code 58102 - | Telephone Number (include area code) 7012376500 | E-Mail Address (if available) | | FCC Registration Number: 0008097289 | Facility ID Number 22127 | Call Sign KMCY |
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| FCC Registration Number: 0008097289 | Facility ID Number 22127 | Call Sign KMCY | | | | | | | | |
| 2. | Contact Representative (if other than Licensee or Permittee) CHRISTINA BURROW Telephone Number (include area code) 2027762000 Firm or Company Name DOW LOHNES PLLC E-Mail Address (if available) CBURROW@DOWLOHNES.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 MARI OSSENFORT | | Typed or Printed Title of Person Signing DIRECTOR OF BROADCASTING | | | | | | | | |
| Signature | | Date 11/4/2013 | | | | | | | | |

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

