

This document contains certified letters notifying medical facilities of the increase in power for the KXNE-TV. 16 medical facilities in the area between the 475kW contour and the new 525kW contour were notified. Letters were sent via certified mail on April, 7<sup>th</sup> 2021.

Attached is a copy of the Medical Notification Letter, a list of addresses, and proof of mailing receipts from the US Post Office.



Television • Radio • Learning Services • Technology Services

**NOTIFICATION**

Engineering Division Director – Transmissions  
Nebraska Educational Telecommunications Commission  
1800 N 33<sup>rd</sup> Street – Lincoln, NE 68503  
Phone 402-470-6205

Health Services Technical Director  
(Street address)  
(City State, Zip)

Dir Sir or Madam:

Nebraska Educational Telecommunications (N.E.T.) has a target date of May 21, 2021 to commence operation of its upgraded channel 19 (500-506 MHz) TV facility at the geographic coordinates 42-14-15.0 N, 097-16-42.0 W. At that time, N.E.T. will terminate its current 475 kW operation and begin operation at 525 kW. The Federal Communications Commission's rules require, in such a situation, that TV stations operating on a frequency range of 470 to 688 MHz notify health care facilities including hospitals and other establishments that offer services, facilities, and beds for use beyond 24 hours in rendering medical treatment, and institutions, and organizations regularly engaged in providing medical services through clinics, public health facilities, and similar establishments, including governmental entities and agencies for their own medical activities. Your biomedical devices may operate within the channel 19 spectrum. Since KXNE-TV has been on the air on RF channel 19 (virtual channel 19) with a radiated power of 475 kilowatts since 2008 we expect no interference to your operations. However, the increase in effective radiated power at the KXNE-TV tower location will increase the received signal strength of the station in some areas. We are therefore sending you this notice.

Location: KXNE-TV (DTV) 56263 Highway 98, Carroll, NE 68723  
Maximum radiated power: 525 Kilowatts  
Antenna height above ground: 297 meters

During our pre-broadcast period and for up to twenty (20) days after commencing operations, should you become aware of any instances of medical devices malfunctioning or that such devices are likely to malfunction due to our DTV operations, please call our engineering department at the number on the letterhead. We will be happy to work with you in resolving the interference you are experiencing.

Sincerely,

*Ling Ling Sun*

Ling Ling Sun, CTO

Nebraska Educational Telecommunications

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
Columbus Surgery Center, LLC	3772 43rd Ave. Suite B	Columbus	NE	68601
Northstar Services	3366 51st Ave.	Columbus	NE	68601
Northstar Services	5123 33rd St.	Columbus	NE	68601
Northstar Services	5125 33rd St.	Columbus	NE	68601
Dialysis Center of Columbus	2452 39th Ave.	Columbus	NE	68601
Good Neighbor Community Health Center	4321 41st Ave.	Columbus	NE	68601
Columbus Community Hospital, Inc.	4600 38th St.	Columbus	NE	68601
Brookestone Acres	4715 38th St.	Columbus	NE	68601
Emerald Nursing & Rehab Columbus	2855 40th Ave.	Columbus	NE	68601
Scribner Medical Clinic	429 Main St.	Scribner	NE	68057
Orchard Medical Clinic	103 Washington St.	Orchard	NE	68764
AMH Clearwater Clinic	308 Nevada St.	Clearwater	NE	68726
Genoa Community Hospital	PO Box 310, 706 Ewing Ave.	Genoa	NE	68640
Park Street Medical Clinic	505 South Park St.	Genoa	NE	68640
Bon Homme Family Medical Practice Clinic	410 W 16th Ave #2318	Tyndall	SD	57066
Good Samaritan Society - Tyndall	2304 Laurel St.	Tyndall	SD	57066



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northstar Services  
5125 33rd St.  
Columbus, NE 68601



9590 9402 6083 0125 6476 64

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7993

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X JP ROLO CIA  Agent  
 Addressee

B. Received by (Printed Name)

Northstar Services

C. Date of Delivery

4/9/21

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northstar Services  
5123 33rd St.  
Columbus, NE 68601



9590 9402 6083 0125 6475 34

2. Article Number (Transfer from service label)

7019 1640 0000 3212 8006

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X JP ROLO CIA  Agent  
 Addressee

B. Received by (Printed Name)

Northstar Services

C. Date of Delivery

4/9/21

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
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1. Article Addressed to:

Brookestone Acres  
4715 38th St.  
Columbus, NE 68601



9590 9402 6083 0125 6476 26

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7955

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X RW  Agent  
 Addressee

B. Received by (Printed Name)

RRS

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

COVID-19

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery



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1. Article Addressed to:

Genoa Community Hospital  
 PO Box 310  
 706 Ewing Ave.  
 Genoa, NE 68640



9590 9402 6083 0125 6475 72

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7900

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Shannatonck*  Agent  Addressee

B. Received by (Printed Name) *Shannatonck* C. Date of Delivery *4/9/2021*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Park Street Medical Clinic  
 505 South Park St.  
 Genoa, NE 68640



9590 9402 6083 0125 6475 65

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7894

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Amber Zuoka*  Agent  Addressee

B. Received by (Printed Name) *Amber Zuoka* C. Date of Delivery *4/9/2021*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

*PO Box 425  
 Genoa NE 68640*

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Columbus Community Hospital, Inc.  
 4600 38th St.  
 Columbus, NE 68601



9590 9402 6083 0125 6476 33

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7962

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Korie Whitmore*  Agent  Addressee

B. Received by (Printed Name) *Korie Whitmore* C. Date of Delivery *4-9-2021*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt



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1. Article Addressed to:

Bon Homme Family Medical Practice  
Clinic  
410 W 16th Ave #2318  
Tyndall, SD 57066



9590 9402 6083 0125 6475 58

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7887

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*Kirstin Kuchta*

C. Date of Delivery

*4-9-21*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Good Samaritan Society - Tyndall  
2304 Laurel St.  
Tyndall, SD 57066



9590 9402 6083 0125 6475 41

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7870

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*Jackie Adams*

C. Date of Delivery

*4-9-21*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Dialysis Center of Columbus  
2452 39th Ave.  
Columbus, NE 68601



9590 9402 6083 0125 6476 57

2. Article Number (Transfer from service label)

7019 1640 0000 3212 7986

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *83 C-6 C-19*

- Agent
- Addressee

B. Received by (Printed Name)

*S. Avila*

C. Date of Delivery

*4-9-21*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
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Domestic Return Receipt




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1. Article Addressed to:

Columbus Surgery Center, LLC  
3772 43rd Ave. Suite B  
Columbus, NE 68601



9590 9402 6083 0125 6476 95

2. Article Number (Transfer from service label)  
7019 1640 0000 3212 8020

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Ruth Diedrichsen*  Agent  Addressee

B. Received by (Printed Name) *Ruth Diedrichsen* C. Date of Delivery *4/9/21*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery over \$500

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northstar Services  
3366 51st Ave.  
Columbus, NE 68601



9590 9402 6083 0125 6476 88

2. Article Number (Transfer from service label)  
7019 1640 0000 3212 8013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Brian Gaston*  Agent  Addressee

B. Received by (Printed Name) *BRIAN GASTON* C. Date of Delivery *4/14/21*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

*PO 1097  
Columbus*



3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery over \$500


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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emerald Nursing & Rehab Columbus  
2855 40th Ave.  
Columbus, NE 68601



9590 9402 6083 0125 6476 19

2. Article Number (Transfer from service label)  
7019 1640 0000 3212 7931

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Mumesser Smith*  Agent  Addressee

B. Received by (Printed Name) *Mumesser Smith* C. Date of Delivery *4/15/21*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

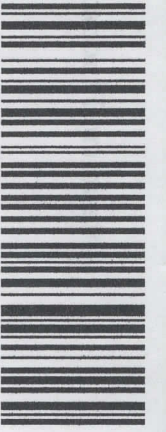
3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery over \$500

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

STATE OF NEBRASKA  
Nebraska Educational Teleco

1800 North 33rd Street  
Lincoln, NE 68503

CERTIFIED MAIL



7019 1640 0000 3212 7924

Orchard Medical Clinic  
103 Washington St.  
Orchard, NE 68764

NMR

58503-1409

NIXIE 681 DE 1 0004/18/21  
RETURN TO SENDER  
NO SUCH STREET  
UNABLE TO FORWARD  
BC: 68503140900 \*1386-04051-07-44

POA

NEOPOST FIRST-CLASS MAIL  
04/07/2021  
US POSTAGE \$006.96  
ZIP 68503  
041M11287650

62-87-75270-5660  
5666750589 : 08  
FORWARD TO ADDRESSEE  
ADDRESS ONLY  
NEBRASKA  
T 33 189 SIX IN  
UUU UUU UUU 7917

NEOPOST FIRST-CLASS MAIL  
04/07/2021  
US POSTAGE \$006.96  
ZIP 68503  
041M11287650

NMR

AMH Clearwater Clinic  
308 Nevada St.  
Clearwater, NE 68726

NMR

POSTNET barcode