

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. BAFCDT - 20061121ACD
Read INSTRUCTIONS Before Filling Out Form		

**Section I - General Information**

1. Legal Name of the Licensee or Permittee WTWC LICENSEE, LLC		
Mailing Address PWSP LLP ATTN K SCHMELTZER 2300 N STREET, NW		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1128
Telephone Number (include area code) 2026638217		E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLSBURYLAW.COM
FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV
2. Contact Representative (if other than Licensee or Permittee) KATHRYN R. SCHMELTZER		Firm or Company Name PWSP LLP
Telephone Number (include area code) 2026638217		E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLSBURYLAW.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?		<input type="radio"/> Yes <input checked="" type="radio"/> No
If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.		
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 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 DAVID B. AMY		Typed or Printed Title of Person Signing SECRETARY OF THE SOLE MEMBER
Signature		Date 11/21/2006

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**



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<b>FCC 317</b>		
<b>ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS</b>		FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20081125APG
Read INSTRUCTIONS Before Filling Out Form		

**Section I - General Information**

1.	Legal Name of the Licensee or Permittee WTWC LICENSEE, LLC	
	Mailing Address C/O PILLSBURY ATTN C HARRINGTON 2300 N STREET, NW	
	City WASHINGTON	State or Country (if foreign address) DC
	Telephone Number (include area code) 2026638000	ZIP Code 20037 - 1128
	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM	
	FCC Registration Number: 0004970901	Facility ID Number 66908
	Call Sign WTWC-TV	
2.	Contact Representative (if other than Licensee or Permittee) CLIFFORD HARRINGTON	Firm or Company Name PWSP LLP
	Telephone Number (include area code) 2026638000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM
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5.	Total amount of gross revenues derived from feeable ancillary or supplementary services:	\$
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	Typed or Printed Name of Person Signing DAVID B. AMY	Typed or Printed Title of Person Signing SENIOR MANAGER
	Signature	Date 11/25/2008

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).

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**Section I - General Information**

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Typed or Printed Name of Person Signing DAVID B. AMY		Typed or Printed Title of Person Signing SECRETARY OF THE SOLE MEMBER
Signature		Date 11/05/2007

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).

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<b>FCC 317</b>		
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Read INSTRUCTIONS Before Filling Out Form		

**Section I - General Information**

1.	Legal Name of the Licensee or Permittee WTWC LICENSEE, LLC	
	Mailing Address PWSP LLP ATTN K SCHMELTZER 2300 N STREET, NW	
	City WASHINGTON	State or Country (if foreign address) DC
	Telephone Number (include area code) 2026638217	E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLSBURYLAW.COM
	FCC Registration Number: 0004970901	Facility ID Number 66908
		Call Sign WTWC-TV
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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 DAVID B. AMY	Typed or Printed Title of Person Signing SECRETARY OF THE SOLE MEMBER
	Signature	Date 11/08/2005

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**Section I - General Information**

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City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1128
Telephone Number (include area code) 2026638000		E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM
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Typed or Printed Name of Person Signing DAVID B. AMY		Typed or Printed Title of Person Signing SENIOR MANAGER
Signature		Date 11/16/2010

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).

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**Section I - General Information**

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	Mailing Address C/O PILLSBURY ATTN C HARRINGTON 2300 N STREET, NW	
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	FCC Registration Number: 0004970901	Facility ID Number 66908
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	Typed or Printed Name of Person Signing DAVID B. AMY	Typed or Printed Title of Person Signing SENIOR MANAGER
	Signature	Date 11/20/2009

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**Exhibits**

