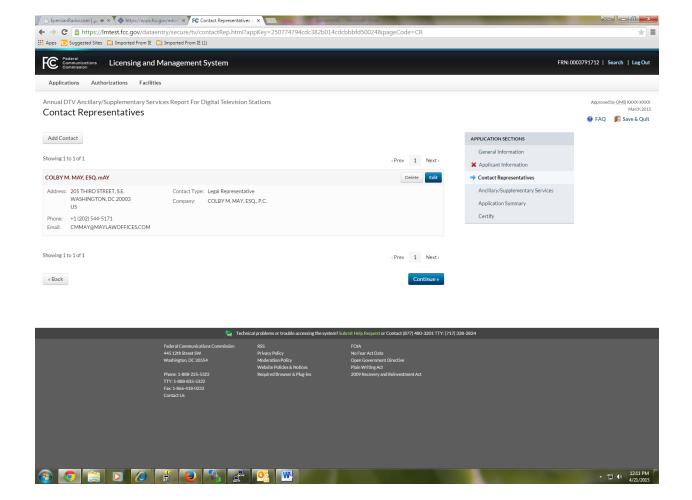
## OMB Number: 3060-0906 Edition date: May 2015

Form 2100 Schedule G, Application for Media Bureau Audio and Video Service Authorization Estimated time per response per response: 2 – 4 hours

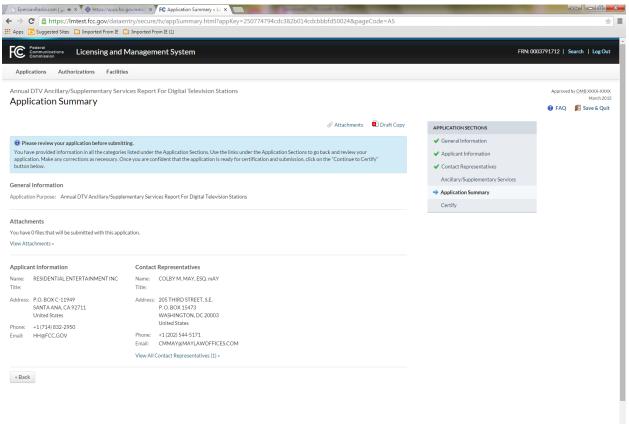
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* For the twelve-month period ender	d September 30th, has the DTV licensee or	permittee provided at any time dur	ing the period an ancillary or sur	intementary service as defined	General Information	
by 47 C.F.R. Section 73.624?	roeptember ooth, has the DTV incensee of	permittee provided, at any time du	ing the period, an anchary of sup	prementary service as defined	X Applicant Information	
Yes No «Clear					<ul> <li>Contact Representatives</li> </ul>	
* Ancillary/Supplementary Services Pr	ovided. Briefly describe below the service	provided; whether a fee was charge	d for the provision of such service	; and, if so, the amount of gross	Ancillary/Supplementary Services	
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General Certifica	tion Statements es any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the	✓ Applicant Information	
	same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of	✓ Contact Representatives	
1704, as amenueu.).		<ul> <li>Ancillary/Supplementary Services</li> </ul>	
	ies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Drug Abuse Act of 2. because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted	<ul> <li>Application Summary</li> </ul>	
under §1.2002(c) of	the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).	I Certify	
	ies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, ate, correct, and made in good faith.		
Authorized Party	/ to Sign THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID		
	pplication, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage		
	sult in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to ration requested in this application.		
	ATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR NY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).		
REVOCATION OF A	HAL STATION AND HIGH STATION CODE, HIGH 7, 3022(9)(2), AND OK FOR LINE (02, CODE, HIGH 7, 300).		
l declare, under pen † indicates required fi	alty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.		
' indicates required fi	ela		
Date:	04/21/2015		
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
* Title:			
* Attachments:	L certify that this application includes all required and relevant attachments.		
	Submit Application		
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