

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY FOR COMMISSION USE ONLY FILE NO. -20100629AAF
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Section I - General Information

1.	Legal Name of the Respondent KOB-TV, LLC	
	Street Address (1) 3415 UNIVERSITY AVENUE, WEST	
	Street Address (2)	
	City ST. PAUL	State or Country (if foreign address) MN
		ZIP Code 55114 - 2099
	Telephone Number (include area code) 6516424334	E-Mail Address (if available) DJONES@HBI.COM
	FCC Registration Number: 0002624427	Call Sign KOB
		Facility ID Number 35313
2.	Contact Representative CHARLES R. NAFTALIN, ESQ.	Firm or Company Name HOLLAND & KNIGHT LLP
	Street Address (1) 2099 PENNSYLVANIA AVENUE, N.W.	
	Street Address (2) SUITE 100	
	City WASHINGTON	State or Country (if foreign address) DC
		ZIP Code 20006 - 6801
	Telephone Number (include area code) 2024577040	E-Mail Address (if available) CHARLES.NAFTALIN@HKLAW.COM
3.	Nature of Respondent (See Instructions for definitions)	
	<input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest	
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other LICENSEE BIENNIAL REPORT <input checked="" type="radio"/> N/A (Fee Required)	
5.	All of the information furnished in this Report is accurate as of 11/1/2009 (Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)	
6.	Purpose: This Report is filed for: (choose one)	
	a. <input checked="" type="radio"/> Biennial	
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)	
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit	
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.	
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)	
	f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -
	If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	[Exhibit 1]
7.	Licensee and Station Information. The stations listed below are all licensed to the following person or entity:	

Licensee Name	Licensee's FCC Registration Number (FRN)
KOB-TV, LLC	0002624427

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KOB	35313	ALBUQUERQUE , NEW MEXICO	Television
2.	KOBF	35321	FARMINGTON , NEW MEXICO	Television
3.	KOBG-TV	85114	SILVER CITY , NEW MEXICO	Television
4.	KAEP-LP	35325	LAS CRUCES , NEW MEXICO	TV Translator or LPTV station
5.	KOBR	62272	ROSWELL , NEW MEXICO	Television

8. Respondent is:

Sole Proprietorship
 Not-for-profit corporation
 Limited partnership
 For-profit corporation
 General partnership
 Other
 If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	CERTIFICATE OF FORMATION	DELAWARE SECRETARY OF STATE	Month NOVEMBER Year 1996	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT	MEMBERS	Month JANUARY Year 1998	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	AMENDMENT NO. 1 TO AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT	MEMBERS	Month NOVEMBER Year 2003	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

4.	KOB-TV, LLC AFFILIATION AGREEMENT	NBC TELEVISION NETWORK	Month JANUARY Year 2002	Month JANUARY Year 2014 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
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2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)
 Not Applicable
[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	KOB-TV, LLC
	Address	Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT	

	FCC Registration Number	0002624427
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races Citizenship
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 2.	Name	HUBBARD BROADCASTING, INC.
	Address	Street 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input checked="" type="checkbox"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0003915816
	Gender, Ethnicity, Race and Citizenship Information	<input checked="" type="checkbox"/> N/A (entity) Gender

(Natural Persons)	<input type="radio"/> Male <input type="radio"/> Female	
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races	
	<u>Citizenship</u>	
Percentage of votes	100.0 %	
Percentage of equity	100.0 %	
Percentage of total assets (equity debt plus)	100.0 %	
Copy 3.	Name	STANLEY S. HUBBARD
	Address	Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0012312708
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	

		<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
		<u>Citizenship</u> US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 4.	Name	ROBERT W. HUBBARD
	Address	Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0008494114
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input type="checkbox"/> N/A (entity)
	<u>Gender</u>	<input checked="" type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u>	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	<u>Race</u>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American

	<input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 5.	Name STANLEY E. HUBBARD
	Address Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply) <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number 0008494148
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races

		Citizenship US	
	Percentage of votes	0 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 6.	Name	MICHAEL BURGESS	
	Address	Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0019888031	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
		Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	
		Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
		Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
		Citizenship US	
	Percentage of votes	0 %	
	Percentage of equity	0 %	

	Percentage of total assets (equity debt plus)	0 %
Copy 7.	Name	C. THOMAS NEWBERRY
	Address	Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019887397
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
		Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
		Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
		Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
		Citizenship US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy	Name	KATHRYN H. ROMINSKI

8.	Address	Street C/O HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE, WEST City/State ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019887967
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
	Copy 9.	Name Address

	ST. PAUL , MINNESOTA Postal/ZIP Code 55114 - 2099 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019887728
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable. If "No," submit as an Exhibit an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]
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(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

[Broadcast Interests Subform]

[Newspaper Interests Subform]

(d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?

Yes No

If "Yes", complete the information describing the relationship.

Familial Relationships

Copy	Name	Parent/ Child	Spouse	Siblings
1.	STANLEY S. HUBBARD, KATHRYN H. ROMINSKI, STANLEY E. HUBBARD, ROBERT W. HUBBARD	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	KATHRYN H. ROMINSKI, STANLEY E. HUBBARD, ROBERT W. HUBBARD	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

(e.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?

Yes No

If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

[Enter Attribution Exemption Information]

4. Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.

N/A

For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.

[Enter Respondent Interests Held Information]

5. Organizational Chart. **LICENSEES ONLY:** Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.

N/A
[Exhibit 5]

Non-Licensee Respondents should select "N/A" in response to this question.

SECTION III - CERTIFICATION

I certify that I am ASSISTANT SECRETARY

(Official Title)

of KOB-TV, LLC

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature GARY R. MACOMBER	Date 06/28/2010
Telephone Number of Respondent (Include area code) 6516424334	

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

Exhibit 2
Description: EXHIBIT 2

RESPONDENT IS A LIMITED LIABILITY COMPANY.

Attachment 5

Description
OWNERSHIP STRUCTURE

Spreadsheets

Description
SECTION II-B, 3C BROADCAST INTERESTS

**ATTRIBUTABLE INTERESTS
HUBBARD BROADCASTING, INC.**

Hubbard Broadcasting, Inc. ("HBI") wholly owns the following subsidiaries, which, in turn, are FCC licensees of the radio and television stations listed below:

- KAAL-TV, LLC, FRN 0004780110, licensee of KAAL(TV), Austin, MN (FCC ID 18285).
- KOB-TV, LLC, FRN 0002624427, licensee of:
 - KOB-TV, Albuquerque, NM (FCC ID 35313);
 - KOBF(TV), Farmington, NM (FCC ID 35321);
 - KOBG-TV, Silver City, NM (FCC ID 85114);
 - KAEP-LP, Las Cruces, NM (FCC ID 35325); and
 - KOBR(TV), Roswell, NM (FCC ID 62272).
- KSTC-TV, LLC, FRN 0009769514, licensee of KSTC-TV, Minneapolis, MN (FCC ID 35843).
- KSTP-AM, LLC, FRN 0002624385, licensee of KSTP(AM), St. Paul, MN (FCC ID 35641).
- KSTP-FM, LLC, FRN 0002624443, licensee of KSTP-FM, St. Paul, MN (FCC ID 35642).
- KSTP-TV, LLC, FRN 0009769621, licensee of KSTP-TV, St. Paul, MN (FCC ID 28010).
- WDIO-TV, LLC, FRN 0004199139, licensee of WDIO-DT, Duluth, MN (FCC ID 71338); and WIRT-DT, Hibbing, MN (FCC ID 71336).
- KTMV-FM, LLC, FRN 0004084570, licensee of KTMV(FM), Coon Rapids, MN (FCC ID 60641).
- WHEC-TV, LLC, FRN 0005828686, licensee of WHEC-TV, Rochester, NY (FCC ID 70041).
- WIXK-AM, LLC, FRN 0004084588, licensee of WIXK(AM), New Richmond, WI (FCC ID 60643).
- WNYT-TV, LLC, FRN 0005828736, licensee of WNYT(TV), Albany, NY (FCC ID 73363).

In addition, HBI also votes 90% of the voting stock of KSAX-TV, Inc., FRN 0002629566, the licensee of KSAX(TV), Alexandria, MN (FCC ID 35584) and KRWF(TV), Redwood Falls, MN (FCC ID 35585).

The principal officers, directors and 5% or greater shareholders of HBI are:

Stanley S. Hubbard, Chairman of the Board, President and CEO HBI, votes 15.26% of the common voting stock of HBI.

Karen H. Hubbard, Director.

Kathryn H. Rominski, Director, Executive Vice President - Community Affairs, Executive Committee Chair, Secretary, votes 8.96% of the common voting stock of HBI.

Stanley E. Hubbard, Director, Vice President HBI, President Hubbard Media Group, votes 8.96% of the common voting stock of HBI.

Virginia H. Morris, Director, Vice President HBI, President Hubbard Radio Group, votes 8.96% of the common voting stock of HBI.

Robert W. Hubbard, Director, Vice President HBI, President Hubbard Television Group, votes 8.96% of the common voting stock of HBI.

Julia D. Coyte votes 8.96% of the common voting stock of HBI.

Gerald D. Deeney, Director.

John W. Marvin, Director.

Robert L. Senkler, Director.

Harold C. Crump, Vice President, Corporate Affairs.

C. Thomas Newberry, Vice President, Controller, Treasurer.

Linda S. Tremere, Vice President, Director Financial Controls.

Suzanne J. Cook, Vice President, Human Resources.

David A. Jones, Vice President, General Counsel.

Edward G. Aiken, Vice President.

Gary R. Macomber, Assistant Secretary.

As of November 1, 2009, Harold C. Crump was a director of US Farm & Ranch Supply Co., Inc., a parent company of Humanity Interested Media, L.P., the licensee of KTBU(TV), Conroe, Texas (FCC ID 28324).

The Stanley S. Hubbard Trust votes 17.83% of the common voting stock of HBI.

The Stanley E. Hubbard Residuary Trust No. 1 votes 16.58% of the common voting stock of HBI.

The Stanley E. Hubbard Grandchildren's Trust FBO Alice Liptak ("SEHGT-AL") votes 5.52% of the common voting stock of HBI.

The Kinnimaka Trust Company ("Kinnimaka"), a South Dakota trust company, is the sole trustee of the Stanley S. Hubbard Trust, Stanley E. Hubbard Residuary Trust No. 1 and the Stanley E. Hubbard Grandchildren's Trust FBO Alice Liptak listed immediately above (collectively "the Trusts"). Another trust, known as the Stanley S. Hubbard Revocable Trust (the "Revocable Trust") is the sole shareholder of Kinnimaka and Stanley S. Hubbard is the sole trustee of the Revocable Trust for the purpose of controlling Kinnimaka, and through Kinnimaka, voting the HBI voting stock held by the Trusts. All other property held by the Stanley S. Hubbard Revocable Trust is controlled by Stanley S. Hubbard, and his wife, Karen H. Hubbard, as co-trustees.

Each of Kathryn H. Rominski, Stanley E. Hubbard, Virginia H. Morris, Robert W. Hubbard and Julia D. Coyte, as trustees, control a 9.38% non-voting equity interest in HBI. These non-voting stock interests are held in individually controlled Grantor Retained Annuity Trusts (each, a "GRAT") created by each of the shareholders listed above. Each GRAT shares the social security number of its respective shareholder. For purposes of this ownership report, those non-voting equity interests are being reported as held by those individuals. Each of Kathryn H. Rominski, Stanley E. Hubbard, Virginia H. Morris, and Robert W. Hubbard, as trustees, have 8.96% of voting control of HBI. Those voting stock interests are held in individually controlled revocable trusts. Each such revocable trust shares the social security number of its respective shareholder, and for purposes of this ownership report, those voting interests are being reported as held by those individuals. In addition, Karen H. Hubbard is the sole trustee of a revocable trust that controls a 2.7% non-voting equity interest in HBI and that revocable trust shares her social security number. For purposes of this ownership report, that non-voting equity interest is being reported as held by her.

A chart of the voting ownership structure of HBI is part of this narrative statement.

The officers and directors of the Kinnimaka Trust Company are:

Stanley S. Hubbard, Chairman, President
David A. Jones, Director, Vice President
C. Thomas Newberry, Director, Vice President, Treasurer and Cashier
Gary R. Macomber, Director and Secretary
P. Daniel Donohue, Director and Assistant Vice President
Stephen R. Litman, Director and Assistant Vice President

The principal officers of HBI's licensee subsidiaries are as follows.

KAAL-TV, LLC

Stanley S. Hubbard, Chairman
Robert W. Hubbard, President
Stanley E. Hubbard, Vice President
Virginia H. Morris, Vice President
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KOB-TV, LLC

Robert W. Hubbard, Chairman
Stanley S. Hubbard, President
Stanley E. Hubbard, Vice President
Michael Burgess, Vice President, General Manager
C. Thomas Newberry, Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KSAX-TV, Inc.

Robert W. Hubbard, Chairman
Stanley S. Hubbard, Director and Vice President
Karen H. Hubbard, Director
Stanley E. Hubbard, Director and Vice President
C. Thomas Newberry, Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KSTC-TV, LLC

Stanley S. Hubbard, Chairman
Robert W. Hubbard, President
Stanley E. Hubbard, Vice President
Virginia H. Morris, Vice President
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KSTP-TV, LLC

Stanley S. Hubbard, Chairman
Robert W. Hubbard, President
Stanley E. Hubbard, Vice President
Virginia H. Morris, Vice President
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

WDIO-TV, LLC

Stanley S. Hubbard, Chairman
Robert W. Hubbard, President
Stanley E. Hubbard, Vice President
Virginia H. Morris, Vice President
George Couture, Vice President, General Manager
C. Thomas Newberry, Vice President, Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

WHEC-TV, LLC

Stanley S. Hubbard, Chairman
Robert W. Hubbard, President
Stanley E. Hubbard, Vice President
Virginia H. Morris, Vice President
Arnold Klinsky, Vice President, General Manager
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

WNYT-TV, LLC

Stanley S. Hubbard, Chairman
Robert W. Hubbard, President
Stanley E. Hubbard, Vice President
Virginia H. Morris, Vice President
Stephen Baboulis, Vice President, General Manager
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KSTP-AM, LLC

Stanley S. Hubbard, Chairman
Virginia H. Morris, President
Stanley E. Hubbard, Vice President
Robert W. Hubbard, Vice President
C. Thomas Newberry, Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KSTP-FM, LLC

Stanley S. Hubbard, Chairman
Virginia H. Morris, President
Stanley E. Hubbard, Vice President
Robert W. Hubbard, Vice President
David C. Bestler, Vice President, General Manager
C. Thomas Newberry, Treasurer

Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

KTMY-FM, LLC

Stanley S. Hubbard, Chairman
Virginia H. Morris, President
Stanley E. Hubbard, Vice President
Robert W. Hubbard, Vice President
Dan Seeman, Vice President, General Manager
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

WIXK-AM, LLC

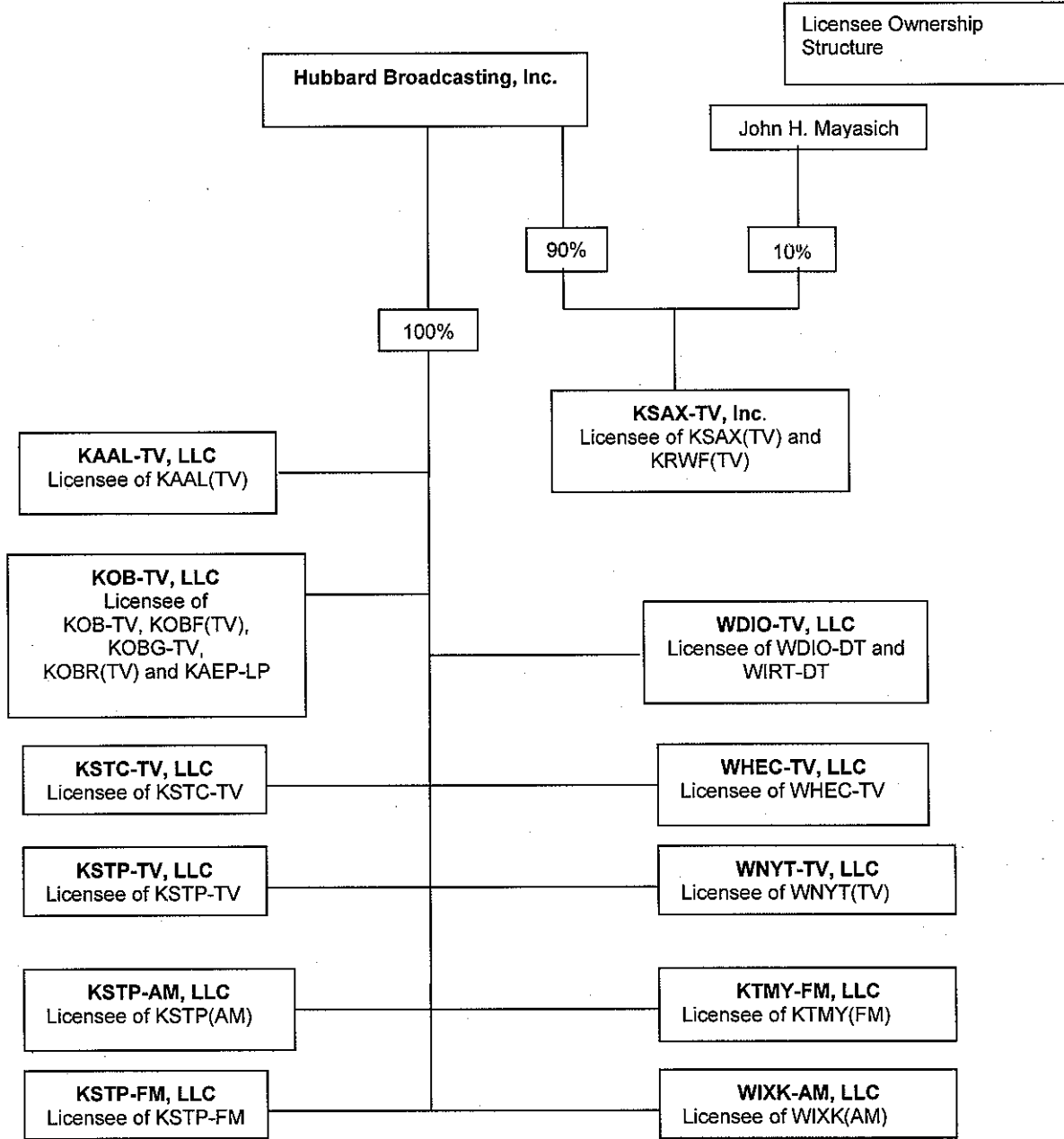
Stanley S. Hubbard, Chairman
Virginia H. Morris, President
Stanley E. Hubbard, Vice President
Robert W. Hubbard, Vice President
C. Thomas Newberry, Vice President and Treasurer
Kathryn H. Rominski, Secretary
Gary R. Macomber, Assistant Secretary

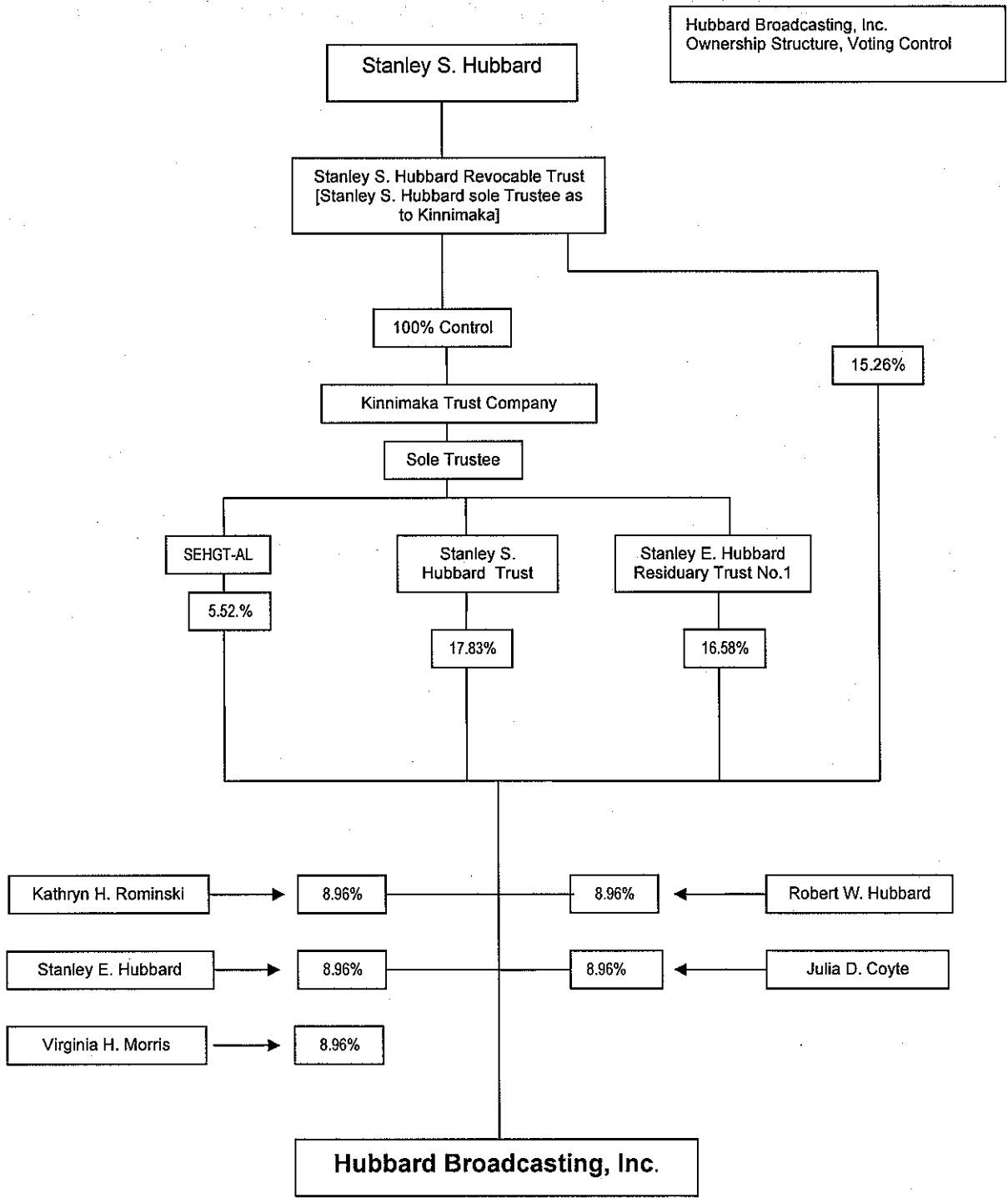
Family Relationships

Stanley S. Hubbard and Karen H. Hubbard are married to each other. Their children are: Kathryn H. Rominski, Stanley E. Hubbard, Virginia H. Morris, Robert W. Hubbard and Julia D. Coyte. Alice Liptak is a sibling of Stanley S. Hubbard.

The following are charts depicting the ownership of HBI described in this statement.

Licensee Ownership Structure





A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
67	STANLEY E. HUBBARD	ST. PAUL	MN	35641	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
68	STANLEY E. HUBBARD	ST. PAUL	MN	35642	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
69	STANLEY E. HUBBARD	ST. PAUL	MN	28010	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
70	STANLEY E. HUBBARD	HIBBING	MN	71336	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
71	STANLEY E. HUBBARD	DULUTH	MN	71338	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
72	STANLEY E. HUBBARD	COON RAPIDS	MN	60641	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
73	STANLEY E. HUBBARD	ROCHESTER	NY	70041	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
74	STANLEY E. HUBBARD	NEW RICHMOND	WI	60643	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
75	STANLEY E. HUBBARD	ALBANY	NY	73363	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
76	ROBERT W. HUBBARD	AUSTIN	MN	12285	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
77	ROBERT W. HUBBARD	LAS CRUCES	NM	35325	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
78	ROBERT W. HUBBARD	FARMINGTON	NM	35321	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
79	ROBERT W. HUBBARD	SILVER CITY	NM	85114	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
80	ROBERT W. HUBBARD	ROSWELL	NM	62272	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
81	ROBERT W. HUBBARD	ALBUQUERQUE	NM	35313	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
82	ROBERT W. HUBBARD	REDWOOD FALLS	MN	35585	8.1	8.9	8.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
83	ROBERT W. HUBBARD	ALEXANDRIA	MN	35584	8.1	8.9	8.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
84	ROBERT W. HUBBARD	MINNEAPOLIS	MN	35943	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
85	ROBERT W. HUBBARD	ST. PAUL	MN	35641	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
86	ROBERT W. HUBBARD	ST. PAUL	MN	35642	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
87	ROBERT W. HUBBARD	ST. PAUL	MN	28010	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
88	ROBERT W. HUBBARD	HIBBING	MN	71336	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
89	ROBERT W. HUBBARD	DULUTH	MN	71338	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
90	ROBERT W. HUBBARD	COON RAPIDS	MN	60641	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
91	ROBERT W. HUBBARD	ROCHESTER	NY	70041	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
92	ROBERT W. HUBBARD	NEW RICHMOND	WI	60643	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
93	ROBERT W. HUBBARD	ALBANY	NY	73363	9	9.9	9.9	Y	N	N	N	N	N	N	Y	OFF/DIR PARENT
94	C. THOMAS NEWBERRY	AUSTIN	MN	12285	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
95	C. THOMAS NEWBERRY	LAS CRUCES	NM	35325	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
96	C. THOMAS NEWBERRY	FARMINGTON	NM	35321	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
97	C. THOMAS NEWBERRY	SILVER CITY	NM	85114	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
98	C. THOMAS NEWBERRY	ROSWELL	NM	62272	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
99	C. THOMAS NEWBERRY	ALBUQUERQUE	NM	35313	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
100	C. THOMAS NEWBERRY	REDWOOD FALLS	MN	35585	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
101	C. THOMAS NEWBERRY	ALEXANDRIA	MN	35584	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
102	C. THOMAS NEWBERRY	MINNEAPOLIS	MN	35943	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
103	C. THOMAS NEWBERRY	ST. PAUL	MN	35641	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
104	C. THOMAS NEWBERRY	ST. PAUL	MN	35642	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
105	C. THOMAS NEWBERRY	ST. PAUL	MN	28010	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
106	C. THOMAS NEWBERRY	HIBBING	MN	71336	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
107	C. THOMAS NEWBERRY	DULUTH	MN	71338	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
108	C. THOMAS NEWBERRY	COON RAPIDS	MN	60641	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
109	C. THOMAS NEWBERRY	ROCHESTER	NY	70041	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
110	C. THOMAS NEWBERRY	NEW RICHMOND	WI	60643	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
111	C. THOMAS NEWBERRY	ALBANY	NY	73363	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
112	GARY R. MACOMBER	AUSTIN	MN	12285	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
113	GARY R. MACOMBER	LAS CRUCES	NM	35325	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
114	GARY R. MACOMBER	FARMINGTON	NM	35321	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
115	GARY R. MACOMBER	SILVER CITY	NM	85114	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
116	GARY R. MACOMBER	ROSWELL	NM	62272	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
117	GARY R. MACOMBER	ALBUQUERQUE	NM	35313	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
118	GARY R. MACOMBER	REDWOOD FALLS	MN	35585	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
119	GARY R. MACOMBER	ALEXANDRIA	MN	35584	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
120	GARY R. MACOMBER	MINNEAPOLIS	MN	35943	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
121	GARY R. MACOMBER	ST. PAUL	MN	35641	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
122	GARY R. MACOMBER	ST. PAUL	MN	35642	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
123	GARY R. MACOMBER	ST. PAUL	MN	28010	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
124	GARY R. MACOMBER	HIBBING	MN	71336	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
125	GARY R. MACOMBER	DULUTH	MN	71338	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
126	GARY R. MACOMBER	COON RAPIDS	MN	60641	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
127	GARY R. MACOMBER	ROCHESTER	NY	70041	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
128	GARY R. MACOMBER	NEW RICHMOND	WI	60643	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
129	GARY R. MACOMBER	ALBANY	NY	73363	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
130	MICHAEL BURGESS	LAS CRUCES	NM	35325	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
131	MICHAEL BURGESS	FARMINGTON	NM	35321	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
132	MICHAEL BURGESS	SILVER CITY	NM	85114	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
133	MICHAEL BURGESS	ROSWELL	NM	62272	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER
134	MICHAEL BURGESS	ALBUQUERQUE	NM	35313	0	0	0	Y	N	N	N	N	N	N	Y	LICENSEE OFFICER

135	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
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FCC MB - CDBS Electronic Filing
Application Reference Number: 20100629AAF
Successfully filed at Jun 29 2010 6:13AM

A Fee Payment is Required for this application. The Total Fee is \$240.

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

Electronic Form 159

Return to Main Menu

Logout

Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.



Electronic Form 159

Payment Summary

Applicant FRN	Applicant Name	Fee
0002624427	KOB-TV, LLC	\$240.00
Total Amount Due :		\$240.00

[VIEW FORM 159](#)
[PAY BY CREDIT CARD](#)


Note: When you click **Pay By Credit Card**, the new U.S. Treasury credit card transaction screen includes some changes that may appear new to frequent FCC applicants who use our system:

- Besides typing your credit card number, you are now required to type your card's security code, the last group of numbers printed on the security strip on the back of your card, except for American Express, which has a four digit security code on the front of the card. ([Click sample](#)).
- Ensure the card holder name on the **Payment Information** screen is the same as the name specified on the credit card used for making a payment. If not, you can edit the card holder name field to match the name printed on the credit card.
- The U.S. Treasury may reject Credit Card transactions greater than \$99,999.99. This limit includes multiple transactions on the same Credit Card totaling more than this limit in a single day. For transactions greater than \$99,999.99, an alternative method of payment must be used. Payment methods can be found at <http://www.fcc.gov/fees>. Reference: Treasury Bulletin No. 2005-03 (<http://www.fms.treas.gov/fm/vol1/05-03.html>)

Customer Service

[FCC Fees](#)
[Web Policies / Privacy Policy](#)
[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.



Electronic Form 159

Payment Confirmation

Your transaction has been approved. For your records, please note the following:

REMITTANCE ID NUMBER :	1800771
AUTHORIZATION NUMBER :	227109
AMOUNT PAID :	\$240.00

[PRINT FORM 159](#)

[CLOSE](#)

Customer Service

[FCC Fees](#)

[Web Policies / Privacy Policy](#)

[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

Hartman, Linda (WAS - X71836)

From: paygovadmin@mail.doc.twai.gov
Sent: Tuesday, June 29, 2010 6:15 AM
To: Hartman, Linda (WAS - X71836)
Subject: Pay.Gov Payment Confirmation 323 KOB-TV BIEN 4902.8 6/29/10

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Your transaction has been successfully completed.

Transaction Summary

Application Name: Remittance Advice
Pay.gov Tracking ID: 251253GJ
Agency Tracking ID: 1800771

Account Holder Name: HOLLAND & KNIGHT LLP Transaction Type: Sale Transaction Amount:
\$240.00 Billing Address: 2099 PENNSYLVANIA AVE, NW Billing Address 2: SUITE 100
City: WASHINGTON
State/Province: DC
Zip/Postal Code: 200066801
Country: USA
Card Type: American Express
Card Number: *****1009
Transaction Date: Jun 29, 2010 6:15:22 AM

Remittance ID:1800771 Authorization Number:227109

Successful Authorization -- Date Paid: 6/29/10

FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 2	APPROVED BY OMB 3060-059
		SPECIAL USE
		FCC USE ONLY

SECTION A - Payer Information

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) HOLLAND & KNIGHT LLP		(3) TOTAL AMOUNT PAID (dollars and cents) \$240.00
(4) STREET ADDRESS LINE NO. 1 2099 PENNSYLVANIA AVE, NW		
(5) STREET ADDRESS LINE NO. 2 SUITE 100		
(6) CITY WASHINGTON	(7) STATE DC	(8) ZIP CODE 20006-6801
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 202-9553000 x7040		(10) COUNTRY CODE (IF NOT IN U.S.A.) US

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN) 0004148995	(12) FCC USE ONLY
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IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME KOB-TV, LLC		
(14) STREET ADDRESS LINE NO. 1 3415 UNIVERSITY AVENUE, WEST		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY ST. PAUL	(17) STATE MN	(18) ZIP CODE 55114-2099
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 6516424334		(20) COUNTRY CODE (IF NOT IN U.S.A.) USA

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN) 0002624427	(22) FCC USE ONLY
---	-------------------

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID KOB	(24A) Payment Type Code(PTC) MAT	(25A) Quantity 1
(26A) Fee Due for (PTC) \$60.00	(27A) Total Fee \$60.00	FCC Use Only
(28A) FCC CODE 1 35313	(29A) FCC CODE 2 CDBS20100629AAF	

(23B) FCC Call Sign/Other ID KOBF	(24B) Payment Type Code(PTC) MAT	(25B) Quantity 1
(26B) Fee Due for (PTC) \$60.00	(27B) Total Fee \$60.00	FCC Use Only
(28B) FCC CODE 1 35321	(29B) FCC CODE 2 CDBS20100629AAG	

APPROVED BY OMB
3060-058

REMITTANCE ADVICE (Continuation Sheet)
FEDERAL COMMUNICATIONS COMMISSION
FORM 159-C
PAGE NO 2 OF 2

SPECIAL USE

FCC USE ONLY

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT
SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(13) APPLICANT NAME
KOB-TV, LLC

(14) STREET ADDRESS LINE NO. 1
3415 UNIVERSITY AVENUE, WEST

(15) STREET ADDRESS LINE NO. 2

(16) CITY ST. PAUL	(17) STATE MN	(18) ZIP CODE 55114-2099
------------------------------	-------------------------	------------------------------------

(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 6516424334	(20) COUNTRY CODE (IF NOT IN U.S.A.) USA
--	--

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN) 0002624427	(22) FCC USE ONLY
---	-------------------

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID KOBR	(24A) Payment Type Code(PTC) MAT	(25A) Quantity 1
(26A) Fee Due for (PTC) \$60.00	(27A) Total Fee \$60.00	FCC Use Only
(28A) FCC CODE 1 62272	(29A) FCC CODE 2 CDBS20100629AAJ	

(23B) FCC Call Sign/Other ID KOBG-TV	(24B) Payment Type Code(PTC) MAT	(25B) Quantity 1
(26B) Fee Due for (PTC) \$60.00	(27B) Total Fee \$60.00	FCC Use Only
(28B) FCC CODE 1 85114	(29B) FCC CODE 2 CDBS20100629AAH	

(23C) FCC Call Sign/Other ID	(24C) Payment Type Code(PTC)	(25C) Quantity
(26C) Fee Due for (PTC)	(27C) Total Fee	FCC Use Only
(28C) FCC CODE 1	(29C) FCC CODE 2	

(23D) FCC Call Sign/Other ID	(24D) Payment Type Code(PTC)	(25D) Quantity
(26D) Fee Due for (PTC)	(27D) Total Fee	FCC Use Only
(28D) FCC CODE 1	(29D) FCC CODE 2	

(23E) FCC Call Sign/Other ID	(24E) Payment Type Code(PTC)	(25E) Quantity
(26E) Fee Due for (PTC)	(27E) Total Fee	FCC Use Only
(28E) FCC CODE 1	(29E) FCC CODE 2	

(23F) FCC Call Sign/Other ID	(24F) Payment Type Code(PTC)	(25F) Quantity
(26F) Fee Due for (PTC)	(27F) Total Fee	FCC Use Only
(28F) FCC CODE 1	(29F) FCC CODE 2	