| Name | | | Street Address |
|--|---|--|---|
| MARGARET L. MILLER | | | 1200 NEW HAMPSHIRE AVE NW SUITE 800 |
| City WASHINGTON | State DC | Zip Code 20036- | Telephone Number 2027762000 |
| | | FILING | INSTRUCTIONS |
| discriminating in employme 73.2080. Pursuant to these station employees must file fewer than five full-time en unit is filing a combined repart of these requirements may result these requirements may result the section 73.2080 and are audicense term before any botalleging unlawful discriming | ent and related requirements, a a report of its a a report of its a a report, a copy of the kept in the stult in sanctions thorized by the PLAINTS. Have dy having compation in the emander of the requirements of the reputation in the emander of the requirements. | benefits on the basical license renewal apparent in the report must be function's public file. To or license renewal Communications Acre any pending or report jurisdiction unployment practices | esolved complaints been filed during this nder federal, state, territorial or local law, of the station(s)? |
| If so, provide a brief descri number (if any), and the di | | | g the persons involved, the date of the filing, the court or agency, the fil atter. |
| [Exhibit 1] | | | |
| Does your station employment unit employ fewer than five full-time employees? Yes No | | | |
| Consider as "full-time" employees all those permanently working 30 or more hours a week. | | | |
| FCC, and place a copy in y | our station(s) p | oublic file. You do n | time employees, complete the certification below, return the form to the ot have to complete the rest of this form. If your station employment applete all of this form and follow all instructions. |
| This report must be certifie | ed, as follows: | | |
| A. By licensee, if an indivi B. By a partner, if a partner C. By an officer, if a corpo D. By an attorney of the lice | dual; rship (general pration or an assecensee, in case | sociation; or of physical disabilit M ARE PUNISHABLE I CONSTRUCTION PER | partnership); by or absence from the United States of the licensee. BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR MIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, E 47, SECTION 503). |
| | knowledge, in | nformation and bel | lief, all statements contained in this report are true and correct. |
| Signed South | | | Name of Respondent BarT Finzel |
| Title | | h 1 · //a- | Telephone No. (include area code) |
| Date 11/8 /2012 | ellor sor | Academic Asso | 1rs _ 320 589 6015 |
| 11,0 /2012 | | | I . |