



777 High Street, Suite 300  
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**Mailing:** P.O. Box 10747  
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**Email:** jrogers@luvaascobb.com

**JESSICA A. ROGERS**  
*Attorney at Law*

January 29, 2016

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 Twelfth Street, S.W.  
Washington, D.C. 20554

**FILED ELECTRONICALLY VIA  
MYIBFS**

Re: Call Sign: E090039  
Licensee: Valley Broadcasting Company/Southern Nevada Communications, LLC

Dear Ms. Dortch:

Valley Broadcasting Company is the licensee of Earth Station E090039. On May 17, 2010, Valley Broadcasting legally changed its name to Southern Nevada Communications Company, as reflected on the enclosed Certificate of Amendment. On June 11, 2014, Southern Nevada Communications Company filed Articles of Conversion with the Secretary of State of Nevada converting the form of entity from a for-profit corporation to a limited liability company now known as Southern Nevada Communications, LLC. None of the above changes were transfers of control of the entity itself, and the Commission was advised of the nature of the change at the time the license for Station KSNV-DT was assigned. A copy of the Form 316 for KSNV-DT is enclosed.

Currently, the FRN formerly associated with Valley Broadcasting - 0001594043 - is associated in CORES with Southern Nevada Communications, LLC. The license information for Earth Station E090039 should be updated in the IBFS system to reflect the correct licensee name of Southern Nevada Communications, LLC.

Please contact me if there are any questions regarding this filing. Thank you for your assistance in this matter.

Very truly yours,

/s/ Jessica A. Rogers

JESSICA A. ROGERS

JAR  
Enclosures

cc: Rory Reid (via e-mail) (w/encl.)  
Pat St. John Clerke (via e-mail) (w/encl.)

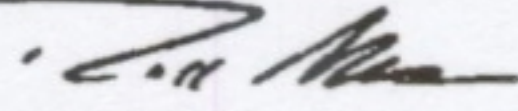


ROSS MILLER  
 Secretary of State  
 204 North Carson Street, Suite 1  
 Carson City, Nevada 89701-4520  
 (775) 684 5708  
 Website: www.nvsos.gov



\*090201\*

**Certificate of Amendment**  
 (PURSUANT TO NRS 78.385 AND 78.390)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number <b>20100348584-45</b> Filing Date and Time <b>05/17/2010 11:05 AM</b> Entity Number <b>C1942-1971</b>
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Amendment to Articles of Incorporation**  
**For Nevada Profit Corporations**  
 (Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)

1. Name of corporation:

VALLEY BROADCASTING COMPANY

2. The articles have been amended as follows: (provide article numbers, if available)

Articles of Incorporation, Article No. 1 is amended to change the name of VALLEY BROADCASTING COMPANY to SOUTHERN NEVADA COMMUNICATIONS COMPANY.

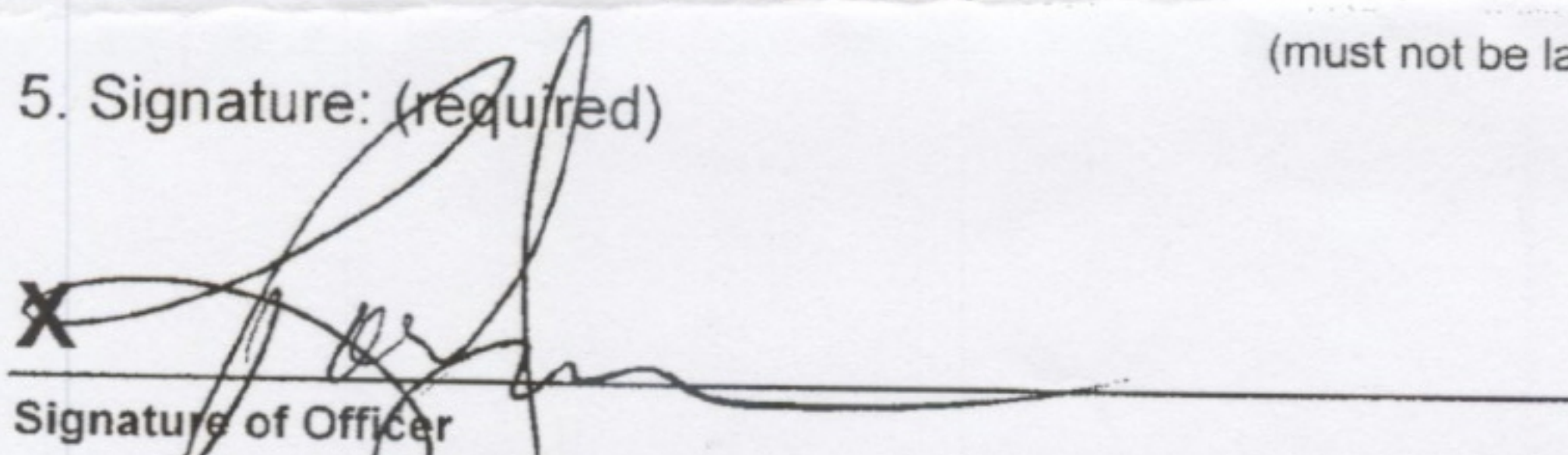
3. The vote by which the stockholders holding shares in the corporation entitling them to exercise a least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation\* have voted in favor of the amendment is:

4. Effective date of filing: (optional)

4/21/10

(must not be later than 90 days after the certificate is filed)

5. Signature: (required)

  
 \_\_\_\_\_  
 Signature of Officer

\*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

**FCC MB - CDBS Electronic Filing**  
**Application Reference Number: 20140516AAR**  
**Successfully filed at May 16 2014 1:36PM**

**A Fee Payment is Required for this application. The Total Fee is \$140.**

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.

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 316</b></p>	Approved by OMB 3060-0009 (June 2010)  FOR FCC USE ONLY
<p><b>APPLICATION FOR CONSENT TO ASSIGN BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE OR TO TRANSFER CONTROL OF ENTITY HOLDING BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE</b></p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. - 20140516AAR

**Section I - General Information**

1.	Legal Name of the Licensee/Permittee SOUTHERN NEVADA COMMUNICATIONS COMPANY	
	Mailing Address 1500 FOREMASTER LANE	
	City LAS VEGAS	State or Country (if foreign address) NV
	Zip Code 89116 -	
	Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM
	FCC Registration Number: 0001594043	Call Sign KSNV-DT
		Facility ID Number 69677
2.	Contact Representative (if other than licensee/permittee) J. DOMINIC MONAHAN	Firm or Company Name LUYAAS COBB
	Mailing Address 777 HIGH STREET SUITE 300	
	City EUGENE	State or Country (if foreign address) OR
	ZIP Code 97401 - 2787	
	Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM
3.	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"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)	
4.	a. <input checked="" type="radio"/> Voluntary Assignment or Transfer of Control <input type="radio"/> Involuntary Assignment or Transfer of Control <input type="radio"/> Amendment to pending application File number of pending application: -  If an amendment, <b>submit as an Exhibit</b> a listing, by Section and Question Number, of the portions of the pending application that are being revised. <span style="float: right;">[Exhibit 1]</span>	
	b. Applicant certifies that the use of FCC Form 316 is appropriate for this transaction. <span style="float: right;"> <input checked="" type="radio"/> Yes                        <input type="radio"/> No                      See Explanation in                      [Exhibit 2]                 </span>	
5.	Were any of the authorizations that are the subject of this application obtained through the Commission's competitive bidding procedures (see 47 C.F.R. Sections 1.2111(a) and 73.5000)? <span style="float: right;"> <input type="radio"/> Yes                        <input checked="" type="radio"/> No                      [Exhibit 3]                 </span>	
	If yes, list pertinent authorizations in an Exhibit.	

**NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.**

**Section II - Assignor/Transferor**

<p>1. <b>Certification.</b> Assignor/Transferor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignor/Transferor further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">2. Application for (check one):</td> <td style="width:25%; padding: 5px;"><input type="radio"/> Consent to Assign Construction Permit</td> <td style="width:25%; padding: 5px;"><input type="radio"/> Consent to Transfer Control of Permittee</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="radio"/> Consent to Assign License</td> <td style="padding: 5px;"><input checked="" type="radio"/> Consent to Transfer Control of Licensee</td> </tr> <tr> <td style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;"><input type="radio"/> Amendment to pending application</td> </tr> </table>	2. Application for (check one):	<input type="radio"/> Consent to Assign Construction Permit	<input type="radio"/> Consent to Transfer Control of Permittee		<input type="radio"/> Consent to Assign License	<input checked="" type="radio"/> Consent to Transfer Control of Licensee		<input type="radio"/> Amendment to pending application		
2. Application for (check one):	<input type="radio"/> Consent to Assign Construction Permit	<input type="radio"/> Consent to Transfer Control of Permittee								
	<input type="radio"/> Consent to Assign License	<input checked="" type="radio"/> Consent to Transfer Control of Licensee								
	<input type="radio"/> Amendment to pending application									
<p>3. Legal Name of the Assignor/Transferor SOUTHERN NEVADA BROADCASTING COMPANY</p> <p>Mailing Address 1500 FOREMASTER LANE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">City LAS VEGAS</td> <td style="width:40%; padding: 5px;">State or Country (if foreign address) NV</td> <td style="width:35%; padding: 5px;">Zip Code 89101 -</td> </tr> <tr> <td style="padding: 5px;">Telephone Number (include area code) 7753366216</td> <td colspan="2" style="padding: 5px;">E-Mail Address (if available) DHILL@MYNEWS4.COM</td> </tr> </table>		City LAS VEGAS	State or Country (if foreign address) NV	Zip Code 89101 -	Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM				
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Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM									
<p>4. Contact Representative (if other than Assignor/Transferor) J. DOMINIC MONAHAN</p> <p>Mailing Address 777 HIGH STREET #300</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">City EUGENE</td> <td style="width:40%; padding: 5px;">State or Country (if foreign address) OR</td> <td style="width:35%; padding: 5px;">Zip Code 97401 -</td> </tr> <tr> <td style="padding: 5px;">Telephone Number (include area code) 5414849292</td> <td colspan="2" style="padding: 5px;">E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM</td> </tr> </table>		City EUGENE	State or Country (if foreign address) OR	Zip Code 97401 -	Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM				
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Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM									
<p>If more than one Transferor, submit the information requested in Questions 3 and 4 for each transferor. [Exhibit 4]</p>										
<p>5. <b>Authorizations to be Assigned/Transferred.</b> List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, FM and/or TV translator stations, LPTV stations, FM and/or TV booster stations.</p> <p>[Enter Station Information]</p> <p>List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, FM and/or TV translator stations, LPTV stations,, FM and/or TV booster stations.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Facility ID Number</th> <th style="width:40%;">Call Sign or Construction Permit File Number</th> <th style="width:20%;">City</th> <th style="width:25%;">State</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">69677</td> <td style="padding: 5px;">KSNV-DT -</td> <td style="padding: 5px;">LAS VEGAS</td> <td style="padding: 5px;">NV</td> </tr> </tbody> </table>		Facility ID Number	Call Sign or Construction Permit File Number	City	State	69677	KSNV-DT -	LAS VEGAS	NV	
Facility ID Number	Call Sign or Construction Permit File Number	City	State							
69677	KSNV-DT -	LAS VEGAS	NV							
<p>6. <b>Agreements for Sale/Transfer of Station.</b></p> <p>a. If the transaction is voluntary, Assignor/Transferor certifies that:</p> <ul style="list-style-type: none"> <li>i. it has placed in licensee's/permittee's public inspection file(s) and submitted as an exhibit to this item copies of all agreements for the assignment/transfer of the station(s);</li> <li>ii. these documents embody the complete and final understanding between assignor/transferor and assignee/transferee; and</li> <li>iii. these agreements comply fully with the Commission's rules and policies.</li> </ul> <p>b. If the transaction is involuntary, the Assignor/Transferor certifies that court orders or other authorizing documents have been issued and that it has placed in the licensee's/permittee's public inspection file(s) and submitted to the Commission copies of such court orders or other authorizing documents.</p> <p><b>Exhibit Required</b></p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A [Exhibit 5]  <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A [Exhibit 6]									

<p>7. <b>Character Issues.</b> Assignor/Transferor certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:</p> <p>a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application; or</p> <p>b. any pending broadcast application in which character issues have been raised.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 7]</p>
<p>8. <b>Adverse Findings.</b> Assignor/Transferor certifies that, with respect to the assignor/transferor and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 8]</p>
<p>9. <b>Auction Authorization.</b> Assignor/transferor certifies that more than five years have passed since the issuance of the construction permit for the station being assigned, where that permit was acquired in an auction through the use of a bidding credit or other special measure.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>See Explanation in [Exhibit 9]</p>
<p>10. <b>Anti-Drug Abuse Act Certification.</b> Assignor/Transferor certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

<p>Typed or Printed Name of Person Signing DOUG HILL</p>	<p>Typed or Printed Title of Person Signing GENERAL COUNSEL</p>
<p>Signature</p>	<p>Date 5/16/2014</p>

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).

**NOTE:** In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

**Section III - Assignee/Transferee**

<p>1. <b>Certification.</b> Assignee/Transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignee/Transferee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>						
<p>2. <b>Legal Name of the Assignee/Transferee</b> SOUTHERN NEVADA BROADCASTING COMPANY LLC</p> <p><b>Mailing Address</b> 1500 FOREMASTER LANE</p> <table border="1" data-bbox="168 1549 1406 1696"> <tr> <td data-bbox="168 1549 610 1608"> <p>City LAS VEGAS</p> </td> <td data-bbox="610 1549 1117 1608"> <p>State or Country (if foreign address) NV</p> </td> <td data-bbox="1117 1549 1406 1608"> <p>Zip Code 89101 -</p> </td> </tr> <tr> <td colspan="2" data-bbox="168 1608 1117 1696"> <p>Telephone Number (include area code) 7753366216</p> </td> <td data-bbox="1117 1608 1406 1696"> <p>E-Mail Address (if available) DHILL@MYNEWS4.COM</p> </td> </tr> </table>		<p>City LAS VEGAS</p>	<p>State or Country (if foreign address) NV</p>	<p>Zip Code 89101 -</p>	<p>Telephone Number (include area code) 7753366216</p>		<p>E-Mail Address (if available) DHILL@MYNEWS4.COM</p>
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<p>3. <b>Contact Representative (if other than Assignee/Transferee)</b> J DOMINIC MONAHAN</p> <p><b>Firm or Company Name</b> LUVAAS COBB</p> <p><b>Mailing Address</b> 777 HIGH STREET #300</p> <table border="1" data-bbox="168 1843 1406 1959"> <tr> <td data-bbox="168 1843 337 1902"> <p>City EUGENE</p> </td> <td data-bbox="337 1843 919 1902"> <p>State or Country (if foreign address) OR</p> </td> <td data-bbox="919 1843 1406 1902"> <p>Zip Code 97401 -</p> </td> </tr> <tr> <td colspan="2" data-bbox="168 1902 919 1959"> <p>Telephone Number (include area code) 5414849292</p> </td> <td data-bbox="919 1902 1406 1959"> <p>E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM</p> </td> </tr> </table>		<p>City EUGENE</p>	<p>State or Country (if foreign address) OR</p>	<p>Zip Code 97401 -</p>	<p>Telephone Number (include area code) 5414849292</p>		<p>E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM</p>
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If more than one Transferee, submit the information requested in Questions 2 and 3 for each transferee.		[Exhibit 10]
4. <b>Agreements for Sale/Transfer of Station.</b> Assignee/Transferee certifies that:		<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 11]
a. the written agreements in the licensee/permittee's public inspection file embody the complete and final agreement for the sale or transfer of the station(s); and		
b. these agreements comply fully with the Commission's rules and policies.		
5. <b>Changes in interests as a result of assignment/transfer.</b>		
a. [Enter Changes in Interests Information]		
_____		
_____		
or [Exhibit 12]		
b. Applicant certifies that equity interests not set forth above are non-attributable.		<input type="radio"/> Yes <input type="radio"/> No  <input checked="" type="radio"/> N/A [Exhibit 13]
6. <b>Other Authorizations.</b> List call signs, locations, and facility identifiers of all other broadcast stations in which assignee/transferee or any party to the application has an attributable interest.		<input type="checkbox"/> N/A [Exhibit 14]
7. <b>Acquisition of Control.</b> List the file number and date of grant of FCC Form 301, 314, or 315 application by which the Commission approved the qualifications of the individual or entity with a pre-existing interest in the licensee/permittee that is now acquiring control of the licensee/permittee as a result of the grant of this application.		<input checked="" type="checkbox"/> N/A [Exhibit 15]
8. <b>Character Issues.</b> Assignee/Transferee certifies that neither assignee/transferee nor any party to the application has or has had any interest in, or connection with:		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 16]
a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application; or		
b. any pending broadcast application in which character issues have been raised.		
9. <b>Adverse Findings.</b> Assignee/Transferee certifies that, with respect to the assignee/transferee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 17]
10. <b>Alien Ownership and Control.</b> Assignee/Transferee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 18]
11. <b>Auction Authorization.</b> Assignee/transferee certifies that where less than five years have passed since the issuance of the construction permit and the permit had been acquired in an auction through the use of a bidding credit or other special measure, it would qualify for such credit or other special measure.		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 19]
12. <b>Anti-Drug Abuse Act Certification.</b> Assignee/transferee certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.		<input checked="" type="radio"/> Yes <input type="radio"/> No

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing LISA HOWFIELD	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date 5/16/2014

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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**Exhibit 2**

**Description:** DESCRIPTION OF TRANSACTION

PLEASE SEE EXHIBIT ATTACHED HERETO.

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**Attachment 2**

Description
Exhibit 2 - Description of Transaction

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**Exhibit 5**

**Description:** AGREEMENTS FOR SALE / TRANSFER OF STATION

PLEASE SEE EXHIBIT NO. 2.

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**Attachment 5**

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**Exhibit 7**

**Description:** CHARACTER ISSUES

PLEASE SEE EXHIBIT ATTACHED HERETO.

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**Attachment 7**

Description
Exhibit 7 - Character Issues

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**Exhibit 14**

**Description:** OTHER AUTHORIZATIONS

PLEASE SEE ATTACHED EXHIBIT HERETO.

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**Attachment 14**

Description
Exhibit 14 - Organizational Chart

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**Exhibit 16**

**Description:** CHARACTER ISSUES

PLEASE SEE EXHIBIT NO. 7.

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**Attachment 16**

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***DESCRIPTION OF TRANSACTION***

Southern Nevada Communications Company ("SNCC") is the licensee of digital television station KSNV-DT, Las Vegas, Nevada. SNCC is in turn 100% owned by Intermountain West Communications Company ("IWCC"). In turn, all of the voting stock of IWCC is held by the Beverly Rogers Revocable Trust and the James E. Rogers Revocable Trust. Both Beverly Rogers and James E. Rogers serve as the sole trustees of their respective trusts. The James E. Rogers Trust holds 97.22% of the voting stock in IWCC and the Beverly Rogers Trust holds the remaining 2.78% of the voting stock.

Their respective shares in the trust are voted as follows:

James E. Rogers	1,750 shares
Beverly Rogers	50 shares

For business and estate planning purposes, James and Beverly Rogers propose to convert the corporation, Southern Nevada Communications Company, from a Nevada corporation into a limited liability company organized under the laws of the State of Nevada. The corporation will be converted to an LLC pursuant to the filing of conversion papers with the Nevada Secretary of State. (*See* Articles of Conversion attached hereto as Attachment No. 1) The new entity's name will be Southern Nevada Communications, LLC. The LLC will be 100% owned and controlled by IWCC as was the corporation, Southern Nevada Communications Company. (*See* Articles of Organization attached hereto as Attachment No. 2).

The officers and directors of IWCC which are listed below will remain the same:

James E. Rogers	Director
Beverly Rogers	Director
Timothy Yock	Director
Fran Goldberg	Secretary
Douglas R. Hill	Director
Lisa Howfield	Director/President

Dawn Gibbons                      Sr. Vice President, Communications and  
Government Relations

James E. Rogers and Beverly Rogers are husband and wife.

The members of Southern Nevada Communications, LLC are:

James E. Rogers	Member
Timothy Yock	Member
Fran Goldberg	Member

After SNCC's conversion to an LLC two Series of ownership interests in Southern Nevada Communications, LLC will be issued to IWCC. The ownership of the intangible assets, including the FCC license for Station KSNV-DT, will be represented by Series I ownership interest. The ownership interest in the remaining (tangible) assets of the LLC will be evidenced by Series II ownership interest.

A second company called Southern Nevada Broadcasting Holdings, Inc. will be formed. It will also be 100% owned and controlled by IWCC. The Series II interests (non-license tangible assets) will be transferred from IWCC to Southern Nevada Broadcasting Holdings, Inc. in exchange for 100% of the Southern Nevada Broadcasting Holdings, Inc. stock. IWCC will own Series II ownership interest.

James E. Rogers, through his role as trustee of his Trust, will continue to exercise majority control of IWCC and thus because of his ultimate control of its parent company will have similar control over its subsidiary, Southern Nevada Communications, LLC. In sum, control of Station KSNV-DT remains with James E. Rogers both before and after the conversion of SNCC to a limited liability company.

Exhibit No. 2  
FCC Form 316  
Section I, Question 4b  
Southern Nevada Communications Company  
Station KSNV-DT  
Page 3

***ATTACHMENT NO. 1***



\*140301\*



ROSS MILLER  
Secretary of State  
204 North Carson Street, Suite 1  
Carson City, Nevada 89701-4520  
(775) 684-5708  
Website: www.nvsos.gov

**Articles of Conversion**  
(PURSUANT TO NRS 92A.205)  
Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Articles of Conversion**  
**(Pursuant to NRS 92A.205)**

**1. Name and jurisdiction of organization of constituent entity and resulting entity:**

Southern Nevada Communications Company	
<b>Name of constituent entity</b>	
Nevada	corporation
Jurisdiction	Entity type *
and,	
Southern Nevada Communications, LLC	
<b>Name of resulting entity</b>	
Nevada	limited-liability company
Jurisdiction	Entity type *

**2. A plan of conversion has been adopted by the constituent entity in compliance with the law of the jurisdiction governing the constituent entity.**

**3. Location of plan of conversion: (check one)**

- The entire plan of conversion is attached to these articles.
- The complete executed plan of conversion is on file at the registered office or principal place of business of the resulting entity.
- The complete executed plan of conversion for the resulting domestic *limited partnership* is on file at the records office required by NRS 88.330.

\* corporation, limited partnership, limited-liability limited partnership, limited-liability company or business trust .



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 Secretary of State  
 204 North Carson Street, Suite 1  
 Carson City, Nevada 89701-4520  
 (775) 684-5708  
 Website: www.nvsos.gov

**Articles of Conversion**  
 (PURSUANT TO NRS 92A.205)  
**Page 2**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**4. Forwarding address where copies of process may be sent by the Secretary of State of Nevada (if a foreign entity is the resulting entity in the conversion):**

Attn: \_\_\_\_\_  
 c/o: \_\_\_\_\_

**5. Effective date and time of filing: (optional) (must not be later than 90 days after the certificate is filed)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**6. Signatures - must be signed by:**

1. If constituent entity is a Nevada entity: an officer of each Nevada corporation; all general partners of each Nevada limited partnership or limited-liability limited partnership; a manager of each Nevada limited-liability company with managers or one member if there are no managers; a trustee of each Nevada business trust; a managing partner of a Nevada limited-liability partnership (a.k.a. general partnership governed by NRS chapter 87).
2. If constituent entity is a foreign entity: must be signed by the constituent entity in the manner provided by the law governing it.

Southern Nevada Communications Company

Name of constituent entity

**X** \_\_\_\_\_ Authorized Officer \_\_\_\_\_  
 Signature Title Date

\* Pursuant to NRS 92A.205(4) if the conversion takes effect on a later date specified in the articles of conversion pursuant to NRS 92A.240, the constituent document filed with the Secretary of State pursuant to paragraph (b) subsection 1 must state the name and the jurisdiction of the constituent entity and that the existence of the resulting entity does not begin until the later date. **This statement must be included within the resulting entity's articles.**

**FILING FEE: \$350.00**

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

*This form must be accompanied by appropriate fees.*



ROSS MILLER  
Secretary of State  
204 North Carson Street, Suite 1  
Carson City, Nevada 89701-4520  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Filing Instructions for the Amendments Division

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

Dear Customer: We value your patronage and desire to provide you the best service possible. In an effort to facilitate your filing we would appreciate your taking a moment to read the following before submitting your document. Failure to include any of the information required on the form may cause the filing to be rejected.

-Thank you-

- 1.) One file stamped copy of the filing will be returned at no additional charge for most filings. Dissolutions, Cancellations and Withdrawals do not receive a file stamped copy unless requested at the time of filing. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 2.) If paying for expedite service, include the word "EXPEDITE" in your correspondence.
- 3.) Verify filing is submitted on the correct form prescribed by the Secretary of State.
- 4.) Forms must include appropriate signatures as required.
- 5.) If applicable, include the appropriate names and addresses as requested on the form.
- 6.) If adding new managers or general partners, their names and addresses must be set forth.
- 7.) Documents must reflect the complete name of the entity as registered with the Secretary of State.
- 8.) Attach all pages that are referenced as attachments.
- 9.) All documents must be legible for filming and/or scanning.
- 10.) If filing restated articles (containing newly amended articles, deletions or additions), provide a form prescribed by the Secretary of State indicating which articles have been amended, deleted or added. Furthermore, the articles must contain the necessary amendment language as required by the statutes governing amendments for that type of business entity.
- 11.) Verify that the status of the entity is not revoked. Verification may be made by visiting our Web site at [www.nvsos.gov](http://www.nvsos.gov) or calling this office.
- 12.) The correct filing date must be provided when required.
- 13.) All required information must be completed and appropriate boxes checked or filing will be rejected.
- 14.) Please contact this office for assistance if you are unsure of the filing fee for your document.

All forms may be downloaded from our Web site [www.nvsos.gov](http://www.nvsos.gov). The Nevada Revised Statutes may be obtained at <http://www.leg.state.nv.us/NRS>.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

**MAIN OFFICE:**  
*Regular and Expedited Filings*

Secretary of State  
Amendments Division  
204 North Carson Street, Suite 1  
Carson City NV 89701-4520  
Phone: 775-684-5708  
Fax: 775-684-5731

**SATELLITE OFFICE:**  
*Expedited Filings Only*

Secretary of State – Las Vegas  
Commercial Recordings Division  
555 East Washington Ave, Suite 5200  
Las Vegas NV 89101  
Phone: 702-486-2880  
Fax: 702-486-2888



\*230303\*



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

# Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**Processing Service Requested:**     Regular     24-Hour Expedite (additional fee included)

Name of Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

Email to: \_\_\_\_\_  Fax to: \_\_\_\_\_

Hold for Pick Up     Mail to Address Above     FedEx: Acct # \_\_\_\_\_

Other: (explain below)

\_\_\_\_\_

**Order Description:** (include items being ordered and fee breakdown)\*

\_\_\_\_\_

\*PLEASE NOTE: this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount: \_\_\_\_\_

**Method of Payment:**

Check/Money Order     Credit Card (attach ePayment checklist)     Trust Account: \_\_\_\_\_

Use balance remaining in job # \_\_\_\_\_



\*230403\*



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

# 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

<b>Processing Service Requested:</b>	<input type="checkbox"/> 2-Hour Expedite (additional \$500.00 fee included)	<input type="checkbox"/> 1-Hour Expedite (additional \$1000.00 fee included)
--------------------------------------	--	---

Name of Entity:  Date:

Return to:

Contact Name:  Phone:

**Return Delivery:**

Email to:   Fax to:

Hold for Pick Up  Mail to Address Above  FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

\*PLEASE NOTE: this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount:

**Method of Payment:**

Check/Money Order  Credit Card (attach ePayment checklist)  Trust Account:

Use balance remaining in job #





ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
Phone: (775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

**IMPORTANT:** To ensure expedited service, please mark “Expedite” in a conspicuous place at the top of the service request. Please indicate method of delivery.

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**



Exhibit No. 2  
FCC Form 316  
Section I, Question 4b  
Southern Nevada Communications Company  
Station KSNV-DT  
Page 4

*ATTACHMENT NO. 2*



ROSS MILLER  
 Secretary of State  
 204 North Carson Street, Suite 4  
 Carson City, Nevada 89701-4520  
 (775) 684-5708  
 Website: www.nvsos.gov



\*050103\*

## Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Company:</b> <small>(must contain approved limited-liability company wording; see instructions)</small>	Southern Nevada Communications, LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
<b>2. Registered Agent for Service of Process:</b> <small>(check only one box)</small>	<input type="checkbox"/> Commercial Registered Agent: _____ <small>Name</small>		
	<input checked="" type="checkbox"/> Noncommercial Registered Agent <span style="margin-left: 100px;"><b>OR</b></span> <input type="checkbox"/> Office or Position with Entity <small>(name and address below) (name and address below)</small>		
	Timothy Yock <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small>		
	1500 Foremaster Lane, Suite 2 <small>Street Address</small>	Las Vegas <small>City</small>	Nevada 89101 <small>State Zip Code</small>
	_____ <small>Mailing Address (if different from street address)</small>	_____ <small>City</small>	Nevada <small>State</small> _____ <small>Zip Code</small>
<b>3. Dissolution Date:</b> <small>(optional)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): _____		
<b>4. Management:</b> <small>(required)</small>	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) <span style="margin-left: 20px;"><b>OR</b></span> <input type="checkbox"/> Member(s) <small>(check only one box)</small>		
<b>5. Name and Address of each Manager or Managing Member:</b> <small>(attach additional page if more than 3)</small>	1) Intermountain West Communications Company <small>Name</small> 1500 Foremaster Lane, Suite 2 <small>Street Address</small> Las Vegas NV 89101 <small>City State Zip Code</small>		
	2) _____ <small>Name</small> _____ <small>Street Address</small> _____ <small>City State Zip Code</small>		
	3) _____ <small>Name</small> _____ <small>Street Address</small> _____ <small>City State Zip Code</small>		
<b>6. Effective Date and Time:</b> <small>(optional)</small>	Effective Date: _____ Effective Time: _____		
<b>7. Name, Address and Signature of Organizer:</b> <small>(attach additional page if more than 1 organizer)</small>	David J. Lyon <input checked="" type="checkbox"/> <small>Name Organizer Signature</small> 10655 Park Run Drive <small>Address</small> Las Vegas NV 89144 <small>City State Zip Code</small>		
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> _____ Date _____		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 DLLC Articles  
 Revised: 8-31-11



**ROSS MILLER**  
 Secretary of State  
 204 North Carson Street, Suite 4  
 Carson City, Nevada 89701-4520  
 (775) 684 5708  
 Website: www.nvsos.gov

## Instructions for Limited-Liability Company Articles of Organization

(PURSUANT TO NRS CHAPTER 86)

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

1. **Name of the Limited-Liability Company:** The name must contain the words Limited-Liability Company, Limited Company or Limited or the abbreviations Ltd., L.L.C., LLC or LC . The word "company" may also be abbreviated. The name must be distinguishable from the name of a limited-liability company, limited partnership, limited-liability limited partnership, limited-liability partnership, business trust or corporation already on file in this office. A name may be reserved, if available, for 90 days by submitting a name reservation form with a \$25.00 filing fee to the office of the Secretary of State. For details you may call (775) 684-5708, visit [www.nvsos.gov](http://www.nvsos.gov), or write to the Secretary of State, 204 North Carson Street, Suite 4, Carson City, NV 89701-4520. If it appears from the name and/or purpose of the entity being formed that it is to be regulated by the Financial Institutions Division, Insurance Division, State Board of Professional Engineers and Land Surveyors, State Board of Accountancy or Real Estate Division, the application will need to be approved by the regulating agency before it is filed with the Office of the Secretary of State.
2. **Registered Agent:** Persons wishing to file articles of organization in the State of Nevada must designate a person as a registered agent who resides or is located in this state. Every registered agent must have a street address in the state of Nevada for the service of process, and may have a separate Nevada mailing address, such as a post office box, which may be different from the street address.
3. **Dissolution Date:** State the latest date upon which the company is to dissolve. This provision is optional.
4. Limited-liability companies may be managed by one or more manager(s) or one or more member(s). Please state whether the company is managed by members or managers. If the company is to be managed by one or more managers, the name and post office or street address, either resident or business, of each manager must be set forth. If the company is to be managed by the members, the name and post office or street address, either residence or business, of each member must be set forth.
5. One or more persons may organize a limited-liability company. Indicate the names and addresses of the organizers executing the articles.
6. Registered agent must complete and sign certificate of acceptance at bottom of form or attach a separate signed certificate of acceptance.
7. On a separate 8 1/2" x 11" sheet, state any other provisions which the members elect to set out in the articles of organization for the regulation of the internal affairs of the company, including any provisions which under NRS Chapter 86 are required or permitted to be set out in the operating agreement of the company.

**\*\*\*IMPORTANT\*\*\***

**INITIAL LIST OF MANAGERS OR MEMBERS:** Pursuant to NRS 86.263, each limited-liability company organized under the laws of this state shall, on or before the last day of the first month after the filing of its articles of organization, and annually thereafter, file its list of officers, directors and registered agent. The initial list fee is \$125.00. Forms will be mailed to you upon the filing of your limited-liability company and annually thereafter to the entity's registered agent.

**COPIES:** One file stamped copy of the articles will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order. NRS 86.241 requires that a limited liability company have a copy of the filed articles kept in the office of the registered agent. The Secretary of State keeps the original filing.

**CEREMONIAL CHARTER:** Ceremonial (colored) charters are also available for an additional \$100.00.

**FILING FEE:** \$75.00 Filing fee is required. Filing may be expedited for an additional \$125.00 expedite fee.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

**MAIN OFFICE:**  
*Regular and Expedited Filings*

Secretary of State  
 New Filings Division  
 204 North Carson Street, Suite 4  
 Carson City NV 89701-4520  
 Phone: 775-684-5708  
 Fax: 775-684-7138

**SATELLITE OFFICE:**  
*Expedited Filings Only*

Secretary of State – Las Vegas  
 Commercial Recordings Division  
 555 East Washington Ave, Suite 5200  
 Las Vegas NV 89101  
 Phone: 702-486-2880  
 Fax: 702-486-2888



~ Introducing ~



ROSS MILLER  
Secretary of State

~ SilverFlume, Nevada's online one-stop business portal, is now available for your filing purposes. When filing your documents online, you will be redirected to [www.nvsilverflume.gov](http://www.nvsilverflume.gov) where you will be guided through our streamlined and enhanced online services.

~ SilverFlume currently offers multiple business-related transactions including:

- New business registration
- Filing domestic articles of incorporation and articles of organization
- Filing initial, annual and amended lists
- Obtaining and renewing state business license
- Apply for sales & use tax permits, satisfy bonding requirement and receive eClearance letter
- Complete D-25 Workers' Compensation eAffirmation of Compliance
- Access to Secretary of State's Office and Department of Taxation information and functions

~ SilverFlume provides data for all business-related needs in one website. Additional city, county and state government transactions will be added in later phases.

~~~~~  
**GO PAPERLESS...**

Save resources and don't miss important email notifications!  
*(Online list filing also available!)*

Sign up to receive annual notifications or pre-printed annual lists via email:

IF YOU ARE A COMMERCIAL REGISTERED AGENT OR RECEIVE NOTIFICATIONS ELECTRONICALLY, PLEASE DISREGARD THIS NOTICE.

1. Go to [www.nvsos.gov](http://www.nvsos.gov).
2. Go to Business Center and click on [Resources](#) link.
3. Select [Non-Commercial Registered Agent Electronic Notification Form](#) or [Represented Entity Electronic Notification Form](#) for *notification only* (no pre-printed list).
4. If you represent multiple entities, click on [Registered Agent](#) link to view the cost-saving benefit of becoming a Commercial Registered Agent and how to receive *pre-printed annual lists* via email.

~~~~~  
**Important Notice**

**Home-Based Business Exemption Clarified by Regulation  
Effective March 9, 2012**

Based on approval of Regulation R080-11 by the Legislative Commission's Subcommittee to Review Regulations, entities such as corporations, LLCs, etc., formed pursuant to Title 7 of the Nevada Revised Statutes are ineligible for the State Business License home-based business exemption. This regulation clarifies that the home-based business exemption applies only to natural persons, i.e., sole proprietors or general partnerships who meet the requirements of the exemption.

Initial or annual lists claiming a home-based business exemption submitted after March 8, 2012 will be returned for correction and to apply for the State Business License. Filings must be returned by their original due date to avoid late penalties. Remember, entities in active or default status may file their annual list and State Business License application online at [www.nvsos.gov](http://www.nvsos.gov)

A copy of the approved regulations can be found under the "Announcements" section of the Secretary of State's website at [www.nvsos.gov](http://www.nvsos.gov)



ROSS MILLER  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov



\*181102\*

**Registered Agent  
 Acceptance**  
 (PURSUANT TO NRS 77.310)

**This form may be submitted by:** a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Acceptance of Appointment by Registered Agent**

In the matter of \_\_\_\_\_  
 Name of Represented Business Entity

I, \_\_\_\_\_ am a:  
 Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent\*

(complete only one)

- a)  commercial registered agent listed with the Nevada Secretary of State,
- b)  noncommercial registered agent with the following address for service of process:

Street Address	City	Nevada	Zip Code
_____	_____	_____	_____
Mailing Address (if different from street address)	City	Nevada	Zip Code
_____	_____	_____	_____

- c)  represented entity accepting own service of process at the following address:

\_\_\_\_\_

Title of Office or Position of Person in Represented Entity

Street Address	City	Nevada	Zip Code
_____	_____	_____	_____
Mailing Address (if different from street address)	City	Nevada	Zip Code
_____	_____	_____	_____

and hereby state that on \_\_\_\_\_ Date I accepted the appointment as registered agent for the above named business entity.

**X** \_\_\_\_\_  
 Authorized Signature of R.A. or On Behalf of R.A. Company

\_\_\_\_\_  
 Date

\*If changing Registered Agent when reinstating, officer's signature required.

**X** \_\_\_\_\_  
 Signature of Officer

\_\_\_\_\_  
 Date



\*230303\*



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

# Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested:  Regular  24-Hour Expedite (additional fee included)

Name of Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

Email to: \_\_\_\_\_  Fax to: \_\_\_\_\_

Hold for Pick Up  Mail to Address Above  FedEx: Acct # \_\_\_\_\_

Other: (explain below) \_\_\_\_\_

\_\_\_\_\_

Order Description: (include items being ordered and fee breakdown)\*

\_\_\_\_\_

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount: \_\_\_\_\_

Method of Payment:

Check/Money Order  Credit Card (attach ePayment checklist)  Trust Account: \_\_\_\_\_

Use balance remaining in job # \_\_\_\_\_





\*230403\*



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

# 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested:  2-Hour Expedite (additional \$500.00 fee included)  1-Hour Expedite (additional \$1000.00 fee included)

Name of Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery:**

Email to: \_\_\_\_\_  Fax to: \_\_\_\_\_

Hold for Pick Up  Mail to Address Above  FedEx: Acct # \_\_\_\_\_

Other: (explain below)

\_\_\_\_\_

Order Description: (include items being ordered and fee breakdown)\*

\_\_\_\_\_

\*PLEASE NOTE: this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount: \_\_\_\_\_

**Method of Payment:**

Check/Money Order  Credit Card (attach ePayment checklist)  Trust Account: \_\_\_\_\_

Use balance remaining in job # \_\_\_\_\_



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
Phone: (775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

**IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.**

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**





**ROSS MILLER**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 Phone: (775) 684-5708  
 Website: www.nvsos.gov

**Copies and Certification Services  
 Fee Schedule  
 Effective 7-1-08**

The following is a list of copies and certification services and the associated fees. Fees are per document unless otherwise noted.

**SERVICE REQUESTED:**

Copies	\$2.00 per page
Certification of Document	\$30.00
Search	\$50.00
Certificate of Existence (evidence of good standing – short form)	\$50.00
Certificate of Existence (listing amendments – long form)	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Certificate Evidencing Name Change	\$50.00
Certificate of Fact of Merger	\$50.00
Certificate of Default	\$50.00
Certificate of Revocation	\$50.00
Certificate of Dissolution	\$50.00
Certificate of Withdrawal	\$50.00
Certificate of Cancellation	\$50.00
Certificate of Non-Existence	\$50.00
Miscellaneous Certificates	\$50.00
Apostille (Hague Treaty Nations)/Certification (Non-Hague Treaty Nations)	\$20.00
Corporate Charter	\$50.00
Ceremonial Charter	\$100.00

**EXPEDITE SERVICE:**

Expedite service is available for copies, certificate and certification services. Fees for expedite service are in addition to the fees as listed above.

**24 Hour Expedite Service: Order may be picked up or mailed out within 24-hours.**

Apostille	\$75.00
Copies: Per entity name	\$125.00
Certificates: Per entity name and certificate type	\$125.00
Search: Expedite fee on search only; additional expedite fee required for copies	\$125.00

**2-Hour Expedite Service: Order may be picked up or mailed within 2-hours.**

1 or more certificates (per entity name and certificate type)	\$500.00
1 or more copies (per entity name)	\$500.00

**1-Hour Expedite Service: Order may be picked up or mailed within 1-hour.**

1 or more certificates (per entity name and certificate type)	\$1000.00
1 or more copies (per entity name)	\$1000.00

**BASIC INSTRUCTIONS:**

1. All orders may be submitted in writing, with fees enclosed, to the above address. Telephone orders with payment by VISA, Mastercard, Discover or American Express may be called into our Customer Service Department at (775) 684-5708. Trust account and credit card customers may fax *expedite orders only* to (775) 684-5645. Trust account orders must be received on company letterhead.
2. All orders not specified as a pick-up are mailed out via first-class mail, unless a Federal Express number is provided or other major courier pickup arrangement is made.
3. Fax back service is *only available* for certificates or copies of 50 pages or less. This service must be requested at time of order with complete fax information provided.
4. Each order will be returned to one address only.



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 Carson City, Nevada 89701-4201  
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**Limited-Liability Company  
 Fee Schedule  
 Effective 7-1-08**

**LIMITED-LIABILITY COMPANY FEES:** Pursuant to NRS 86 for both Domestic and Foreign Limited-Liability Companies.

Articles of Organization	\$75.00
Registration of Foreign Limited-Liability Company	\$75.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Certificate of Termination (pursuant to NRS 86.226)	\$175.00
Merger	\$350.00
Termination Pursuant to NRS 92A	\$350.00
Dissolution of Domestic Limited-Liability Company	\$100.00
Dissolution of Foreign Limited-Liability Company	\$100.00
Preclearance of any Document	\$125.00
Articles of Conversion – contact office for fee information	
Articles of Domestication – contact office for fee information	
Revival of Limited-Liability Company – contact office for fee information	
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of Managers or Members	\$125.00
Annual or Amended List of Managers or Members	\$125.00
<b>24-Hour Expedite fee for above filings</b>	<b>\$125.00</b>
Apostille	\$20.00
<b>24-Hour Expedite fee for above filing</b>	<b>\$75.00</b>
Name Reservation	\$25.00
<b>24-Hour Expedite fee for above filing</b>	<b>\$50.00</b>
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of Manager or Managing Member	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
<b>24-Hour Expedite fee for above filings</b>	<b>\$25.00</b>
Certification of Documents – per certification	\$30.00
Copies – per page	\$2.00
Late Fee for List of Managers or Members	\$75.00
Business License Fee	\$200.00

**2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.**

**1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.**

*PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.*

**24-HOUR EXPEDITE TIME CONSTRAINTS:**

Each filing submitted receives same day filing date and may be picked up within 24 hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

### CHARACTER ISSUES

Southern Nevada Communications Company, the licensee of Station KSNV-DT, Las Vegas, Nevada, has no unresolved character issues pending against it. However, its parent company, Intermountain West Communications Company, is the licensee of several other broadcast subsidiaries which are the subject of outstanding objections against them based on alleged rule violations. These include the following:

#### 1. Beartooth Communications Company

In its *Memorandum Opinion and Order* of January 11, 2011, the Commission took note that a joint sales agreement and a shared services agreement, a construction and lease agreement and a co-location/co-use agreement existed between Rocky Mountain Broadcasting Company, the licensee of Station KMTF-DT, Helena, Montana, and Beartooth Communications Company (“Beartooth”), the licensee of Station KTVH-DT, Helena, Montana, a wholly owned subsidiary of Intermountain West with regard to the operation of Station KMTF(DT), Helena, Montana. Not noted in that *Memorandum Opinion and Order* was the fact that an earlier time brokerage agreement between Rocky Mountain Broadcasting and Beartooth Communications had been terminated as of August 15, 2005. Since that time Rocky Mountain has programmed Station KMTF via network affiliation agreements independently negotiated by Rocky Mountain with the following networks:

<u>Name</u>	<u>Start Date</u>	<u>Termination Date</u>
WB	July 1, 20005	March 23, 2006
CW	March 28, 2006	September, 2014

But for the Shared Service Agreement and the Joint Sales Agreement dated August 30, 2006 between the parties, and which was amended on August 30, 2010, there are no other on-going agreements with Beartooth or Intermountain West.

#### Other Litigation and Administrative Proceedings

1. There are three appeals by Beartooth Broadcasting Company with regard to Notices of Apparent Liability (NAL) for affiliates KBAO TV, Lewiston, Montana; KTVH-TV, Helena, Montana; and KBBJ TV, Havre, Montana. The NALs for Forfeiture were released March 4, 2008 for Havre, KBBJ TV and March 12, 2008 for KBAO TV, Louistown, Montana and KTVH TV, Helena, Montana for “. . . apparent willful and repeated violations of Section 73.3526(e)(11)(iii) of the Rules, for failing to publicize the existence and location of its Children’s Television Programming Reports”. The NALs propose fines of each Beartooth license holders of \$10,000, for a total of \$30,000. Beartooth opposed the proposed forfeitures. No decision has been reached by the FCC on the matters.

2. The following applications remain pending due to formal or informal objections:
  - a. The license renewal application for KMTF (Fac. ID 68717), File No. BRCT-20051201CIX (opposition by MMM License Co.);
  - b. The transfer of control application for KMTF (Fac. ID 68717), File No. BTCCT-20060915APG (opposition by MMM License Co.); and
  - c. The license renewal application for KTVH (Fac ID 5290), File No. BRCT-20051129AOL (opposition by MMM License Co.).

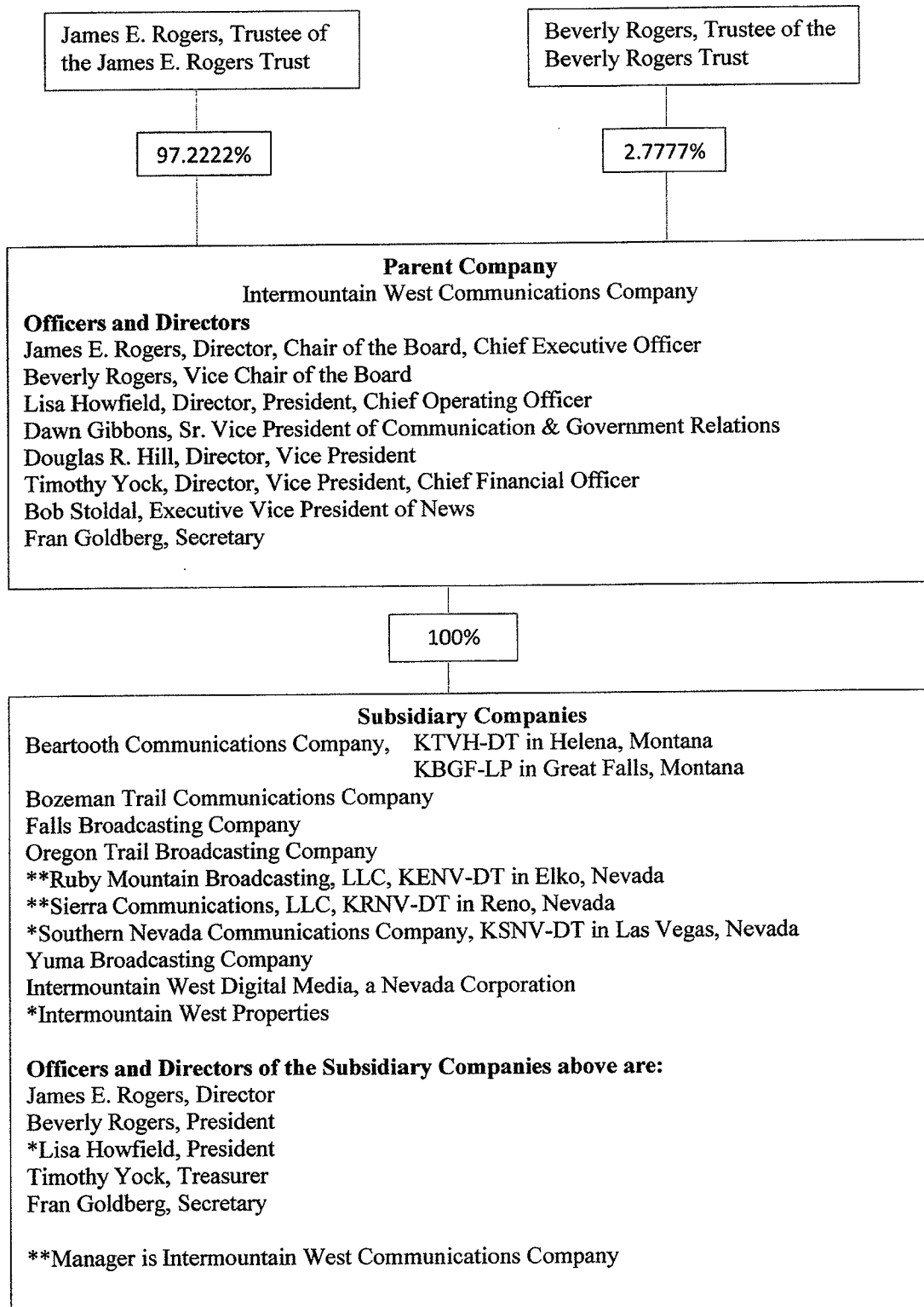
Exhibit No. 14  
FCC Form 316  
Section III, Question 6  
Southern Nevada Communications Company  
Station KSNV-DT

***OTHER AUTHORIZATIONS***

See attached Organizational Chart attached hereto.



# ORGANIZATIONAL CHART





Online Payment

Step 3: Confirm Payment

1 | 2 | 3

Thank you.  
Your transaction has been successfully completed.

Pay.gov Tracking Information

Application Name: Remittance Advice  
Pay.gov Tracking ID: 25FP3AJA  
Agency Tracking ID: PGC2507858  
Transaction Date and Time: 05/16/2014 13:37 EDT

Payment Summary

Address Information	Account Information	Payment Information
<p>Account Holder Name: Doug Ramon Hill Billing Address: 1790 Vassar St Billing Address 2: City: Reno State / Province: NV Zip / Postal Code: 89502 Country: USA</p>	<p>Card Type: Card Number:</p>	<p>Payment Amount: \$140.00 Transaction Date and Time: 05/16/2014 13:37 EDT</p>

**Sheri Cooke**

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**From:** paygovadmin@mail.doc.twai.gov  
**Sent:** Friday, May 16, 2014 10:38 AM  
**To:** Sheri Cooke  
**Subject:** Pay.gov Payment Confirmation: Remittance Advice

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact FCC Financial Operations Group Help Desk at [ARINQUIRIES@fcc.gov](mailto:ARINQUIRIES@fcc.gov) at 877-480-3201 option 4.

Application Name: Remittance Advice  
Pay.gov Tracking ID: 25FP3AJA  
Agency Tracking ID: PGC2507858  
Transaction Type: Sale  
Transaction Date: May 16, 2014 1:37:49 PM

Account Holder Name: Doug Ramon Hill  
Transaction Amount: \$140.00  
Billing Address: 1790 Vassar St  
City: Reno  
State/Province: NV  
Zip/Postal Code: 89502  
Country: USA  
Card Type:  
Card Number:

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.