

# **Federal Communications Commission**

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Account number: 186275**

**Description: KIMT 2Q, 2008 FORM 288  
Application Reference Number: 20080709AMF  
Successfully filed at Jul 9 2008 4:11PM**

**Based on the information supplied, no fee is required.**

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Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>			FOR COMMISSION USE ONLY FILE NO. -20080709AMF
Licensee NVT MASON CITY LICENSEE, LLC			
Call Sign KIMT	Facility Id 66402	Previous Call Sign (if applicable)	
Community of License			
City MASON CITY	State IA	County CERRO GORDO	Zip Code 50401 -
Nielsen DMA ROCHESTR-MASON CITY-AUSTIN	World Wide Web Home Page Address WWW.KIMT.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 02/01/2014	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	3		
<input checked="" type="checkbox"/> Digital	42		
Report reflects information for quarter ending: 06/30/2008			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)			
Over the past quarter, have you fully complied with the requirements of this option?			<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Simulcasting:</b>			
Are you simulcasting on your Analog channel and your primary Digital stream?			<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Application Purpose:</b>			
<input checked="" type="radio"/> DTV Education Report			
<input type="radio"/> Amendment			File Number -
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.			

### Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

### Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	238
Total 5:00 a.m. to 1:00 a.m. CSTs	260
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m. PSAs	54
Total 6:00 a.m. to 9:00 a.m. CSTs	23
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from	

6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?

Total 6:00 p.m. to 11:35 p.m. PSAs	
Total 6:00 p.m. to 11:35 p.m. CSTs	
For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	
Total 5:00 p.m. to 10:35 p.m. PSAs	76
Total 5:00 p.m. to 10:35 p.m. CSTs	94
Comments: 302 SPOTS ALSO RAN IN THE OVERNIGHT HOURS - 12:00AM - 5:00AM.	

### 30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.	
Total number of 30 Minute Informational Programs	1
Comments: IOWA DTV ANSWERS AIRED ON THURSDAY, JUNE 26, 2008 FROM 6:30 - 7:00PM. THIS PROGRAM WAS PRODUCED BY THE IOWA BROADCASTERS ASSOCIATION.	

### 100-Day Countdown Eligible Pieces - Last Quarter

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?	
0	Graphic Displays
0	Animated Graphics
0	Graphic and Audio Displays
0	Longer Form Reminders
Comments:	

### Section D (For all broadcasters)

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: ON APRIL 10, 2008 AT 4:23PM AND APRIL 11 AT 5:29AM - A MONEY TALKS REPORT AIRED DEALING WITH THE DTV CONVERTOR BOX.  ON MAY 4, 2008 AT 10:10PM - A LOCAL PACKAGE AIRED EXPLAINING SOME OF THE TERMS ASSOCIATED WITH DTV.	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments:	

THE WEBSITE PROVIDES LINKS TO DTV ANSWERS AND AN EXPLANATION ABOUT DIGITAL TELEVISION.

**Additional DTV Outreach Efforts -- Last Quarter**

Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.

Speaking Engagements

Comments:

APRIL 28 - MASON CITY NOON ROTARY - 113 PEOPLE, MAY 8 - MASON CITY EXCHANGE CLUB - 20 PEOPLE AND MAY 15 - MASON CITY SENIOR CENTER - 75 PEOPLE

Community Events

Comments:

Other (describe)

Comments:

**This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.**

Comments:

**Station Certification**

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing

Typed or Printed Title of Person Signing  
PRESIDENT / GENERAL MANAGER

Signature

STEVE MARTINSON

Date (mm/dd/yyyy)

07/03/2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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