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**Application Reference Number: 20111201EXD**  
**Successfully filed at Dec 1 2011 11:14AM**

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Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
<b>FCC 323                  OWNERSHIP REPORT FOR COMMERCIAL                  BROADCAST STATIONS</b>		FOR COMMISSION USE ONLY FILE NO. -20111201EXD

**Section I - General Information**

1.	Legal Name of the Respondent RAMAR COMMUNICATIONS, INC.	
	Street Address (1) PO BOX 3757	
	Street Address (2)	
	City LUBBOCK	State or Country (if foreign address) TX
	ZIP Code 79452 -	
	Telephone Number (include area code) 8067453434	E-Mail Address (if available)
	FCC Registration Number: 0015217847	Call Sign KJTV-TV
	Facility ID Number 55031	
2.	Contact Representative DENNIS P. CORBETT, ESQ.	
	Firm or Company Name LERMAN SENTER PLLC	
	Street Address (1) 2000 K STREET, N.W., SUITE 600	
	Street Address (2)	
	City WASHINGTON	State or Country (if foreign address) DC
	ZIP Code 20006 - 1809	
	Telephone Number (include area code) 2024294970	E-Mail Address (if available) DCORBETT@LERMANSENTER.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 <input checked="" type="radio"/> N/A (Fee Required)	
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <i>(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.)</i>	
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, <b>submit as an Exhibit</b> 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)
RAMAR COMMUNICATIONS, INC.	0015217847

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KJTV-TV	55031	LUBBOCK , TEXAS	Television
2.	KRTN-TV	82613	DURANGO , COLORADO	Television
3.	KTEL-TV	83707	CARLSBAD , NEW MEXICO	Television
4.	KUPT	27431	HOBBS , NEW MEXICO	Television
5.	KJTV	55061	LUBBOCK , TEXAS	AM Station
6.	KXTQ-FM	55062	LUBBOCK , TEXAS	FM Station
7.	K46GY	64988	SANTA FE , NEW MEXICO	TV Translator or LPTV station
8.	K48GB	55060	LUBBOCK , TEXAS	TV Translator or LPTV station
9.	KJTV-CA	55033	WOLFFORTH , TEXAS	Class A TV
10.	KMYL-LP	55039	LUBBOCK , TEXAS	TV Translator or LPTV station
11.	KRTN-LD	55059	ALBUQUERQUE , NEW MEXICO	TV Translator or LPTV station
12.	KTEL-LP	55056	ALBUQUERQUE , NEW MEXICO	TV Translator or LPTV station
13.	KXTQ-CA	55055	LUBBOCK , TEXAS	Class A TV
14.	KMYL-LD	168087	LUBBOCK , TEXAS	TV Translator or LPTV station
15.	KTTU-FM	61581	BROWNFIELD , TEXAS	FM Station
16.	KLZK	54684	NEW DEAL , TEXAS	FM Station
17.	KJTV-CD	168090	WOLFFORTH , TEXAS	Class A TV
18.	K30KB	130644	FARMINGTON , NEW MEXICO	TV Translator or LPTV station
19.	K42ET	55048	SNYDER , TEXAS	TV Translator or LPTV station
20.	K44GL	55054	PLAINVIEW , TEXAS	TV Translator or LPTV station
21.	K45IL-D	55034	HOBBS , NEW MEXICO	TV Translator or LPTV station
22.	K47IP	55040	SNYDER , TEXAS	TV Translator or LPTV station
23.	K49GT	53521	SNYDER , TEXAS	TV Translator or LPTV station

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 INCORPORATION	STATE OF DELAWARE	Month SEPTEMBER	Month	<input type="checkbox"/> LMA/radio JSA

			Year 1971	Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	BYLAWS	STATE OF DELAWARE	Month SEPTEMBER Year 1971	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.	STATION AFFILIATION AGREEMENT (KJTV-TV)	FOX BROADCASTING COMPANY	Month APRIL Year 2011	Month JUNE 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
4.	AFFILIATION AGREEMENT (KXTQ)	TELEMUNDO NETWORK GROUP LLC	Month SEPTEMBER Year 2010	Month DECEMBER Year 2015 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
5.	TELEMUNDO NETWORK AFFILIATION AGREEMENT (KTEL)	TELEMUNDO NETWORK GROUP LLC	Month APRIL Year 2001	Month MARCH Year 2016 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
6.	AMENDMENT TO TELEMUNDO NETWORK AFFILIATION AGREEMENT (KTEL)	TELEMUNDO NETWORK GROUP LLC	Month DECEMBER Year 2010	Month MARCH Year 2016 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
7.	AFFILIATION AGREEMENT (KRTN- TV)	METV NATIONAL LIMITED PARTNERSHIP	Month JULY Year 2011	Month JUNE 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

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

**Capitalization Information**

Copy	Class of stock (preferred, common or other)	Voting or Non- voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	1000	692	0	308

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.

<b>Ownership Interests Information</b>		
Copy 1.	<b>Name</b>	RAMAR COMMUNICATIONS, INC.
	<b>Address</b>	Street P.O. BOX 3757  City/State LUBBOCK , TEXAS Postal/ZIP Code 79452 - Country (if not U.S.)
	<b>Listing Type</b>	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	<b>Relationship to Licensee</b>	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	<b>Positional Interest (Check all that apply)</b>	<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
	<b>FCC Registration Number</b>	0015217847
	<b>Gender, Ethnicity, Race and Citizenship Information (Natural Persons)</b>	<input checked="" type="checkbox"/> N/A (entity) <b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female <b>Ethnicity</b> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <b>Race</b> <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 <b>Citizenship</b>
	<b>Percentage of votes</b>	0.0 %
	<b>Percentage of equity</b>	0.0 %
	<b>Percentage of total assets (equity debt plus)</b>	0.0 %
	<b>Name</b>	RAY MORAN

Copy 2.	Address	Street P.O. BOX 3757  City/State LUBBOCK , TEXAS Postal/ZIP Code 79452 - 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 type="checkbox"/> Officer <input checked="" 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019824267
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	51 %	
Percentage of equity	51 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 3.	Name	BRAD MORAN
	Address	Street P.O. BOX 3757  City/State LUBBOCK , TEXAS Postal/ZIP Code 79452 - 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 checked="" 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	0019824218	
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	49 %	
Percentage of equity	49 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 4.	Name	MARY MORAN
	Address	Street P.O. BOX 3757  City/State LUBBOCK , TEXAS Postal/ZIP Code 79452 - 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	0019824309	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender <input type="radio"/> Male <input checked="" 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	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	

(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?  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 <a href="#">Click Here</a> .  <b>[Broadcast Interests Subform]</b>  <b>[Newspaper Interests Subform]</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%; text-align: center;"> <p><b>Familial Relationships</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Copy</th> <th style="width:45%;">Name</th> <th style="width:15%;">Parent/ Child</th> <th style="width:15%;">Spouse</th> <th style="width:20%;">Siblings</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;">RAY MORAN AND MARY MORAN</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="text-align: center;">RAY MORAN AND BRAD MORAN</td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">3.</td> <td style="text-align: center;">MARY MORAN AND BRAD MORAN</td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> </div>	Copy	Name	Parent/ Child	Spouse	Siblings	1.	RAY MORAN AND MARY MORAN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	2.	RAY MORAN AND BRAD MORAN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.	MARY MORAN AND BRAD MORAN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Copy	Name	Parent/ Child	Spouse	Siblings																		
1.	RAY MORAN AND MARY MORAN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																		
2.	RAY MORAN AND BRAD MORAN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
3.	MARY MORAN AND BRAD MORAN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>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.</p> <p><b>[Enter Attribution Exemption Information]</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No																				
4.	<p>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.</p> <p><b>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.</b></p> <p><b>[Enter Respondent Interests Held Information]</b></p>	<input checked="" type="checkbox"/> N/A																				
5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> 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.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A [ Exhibit 5 ]																				

**SECTION III - CERTIFICATION**

I certify that I am PRESIDENT

(Official Title)

of RAMAR COMMUNICATIONS, INC.

(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 BRAD MORAN	Date 12/01/2011
Telephone Number of Respondent (Include area code) 8067453434	

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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**Attachment 5**

Description
<a href="#">2011 Ramar Communications, Inc. - Org. Chart</a>

**Organizational Chart**  
**Ramar Communications, Inc.**

Officers & Directors

Ray Moran, Director  
Brad Moran, Director & President  
Mary Moran, Secretary & Treasurer

Ramar Communications, Inc.

KJTV-TV, Lubbock, TX  
KRTN-TV, Durango, CO  
KTEL-TV, Carlsbad, NM  
KUPT(TV), Hobbs, NM  
KJTV(AM), Lubbock, TX  
KXTQ-FM, Lubbock, TX  
KTTU-FM, Brownfield, TX  
KLZK(FM), New Deal, TX  
K46GY, Santa Fe, NM  
K48GB, Lubbock, TX  
KJTV-CA, Wolfforth, TX  
KMYL-LP, Lubbock, TX  
KRTN-LD, Albuquerque, NM  
KTEL-LP, Albuquerque, NM  
KXTQ-CA, Lubbock, TX  
KMYL-LD, Lubbock, TX  
KJTV-CD, Wolfforth, TX  
K30KB, Farmington, NM  
K42ET, Snyder, TX  
K44GL, Plainview, TX  
K45IL-D, Hobbs, NM  
K47IP, Snyder, TX  
K49GT, Snyder, TX



## Electronic Form 159

### Payment Confirmation

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

AGENCY TRACKING ID:	PGC2048062
AUTHORIZATION NUMBER :	219797
AMOUNT PAID :	\$480.00

PRINT FORM 159

CLOSE

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#### 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.

# Agency Tracking ID:PGC2048062 Authorization Number:219797 Successful Authorization -- Date Paid: 12/1/11 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> <b>FORM 159</b> 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) <b>Ramar Communications, Inc.</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$480.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>2000 K Street, NW</b>		
(5) STREET ADDRESS LINE NO. 2 <b>Suite 600</b>		
(6) CITY <b>Washington</b>	(7) STATE <b>DC</b>	(8) ZIP CODE <b>20006-1809</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>202-4298970</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>

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

(11) PAYER (FRN) <b>0015217847</b>	(12) FCC USE ONLY
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 <b>RAMAR COMMUNICATIONS, INC.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>PO BOX 3757</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>LUBBOCK</b>	(17) STATE <b>TX</b>	(18) ZIP CODE <b>79452-</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>8067453434</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>

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

(21) APPLICANT (FRN) <b>0015217847</b>	(22) FCC USE ONLY
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**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(23A) FCC Call Sign/Other ID <b>KJTV</b>	(24A) Payment Type Code(PTC) <b>MAR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$60.00</b>	(27A) Total Fee <b>\$60.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>55061</b>	(29A) FCC CODE 2 <b>CDBS20111201EXH</b>	

(23B) FCC Call Sign/Other ID <b>KLZK</b>	(24B) Payment Type Code(PTC) <b>MAR</b>	(25B) Quantity <b>1</b>
(26B) Fee Due for (PTC) <b>\$60.00</b>	(27B) Total Fee <b>\$60.00</b>	FCC Use Only
(28B) FCC CODE 1 <b>54684</b>	(29B) FCC CODE 2 <b>CDBS20111201EXS</b>	

REMITTANCE ADVICE (Continuation Sheet)  FEDERAL COMMUNICATIONS COMMISSION <b>FORM 159-C</b> PAGE NO 2 OF 2	APPROVED BY OMB 3060-058
	SPECIAL USE

FCC USE ONLY		
<b>USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT SECTION BB - ADDITIONAL APPLICANT INFORMATION</b>		
(13) APPLICANT NAME <b>RAMAR COMMUNICATIONS, INC.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>PO BOX 3757</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>LUBBOCK</b>	(17) STATE <b>TX</b>	(18) ZIP CODE <b>79452-</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>8067453434</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0015217847</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>KUPT</b>	(24A) Payment Type Code(PTC) <b>MAT</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$60.00</b>	(27A) Total Fee <b>\$60.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>27431</b>	(29A) FCC CODE 2 <b>CDBS20111201EXG</b>	
(23B) FCC Call Sign/Other ID <b>KJTV-TV</b>	(24B) Payment Type Code(PTC) <b>MAT</b>	(25B) Quantity <b>1</b>
(26B) Fee Due for (PTC) <b>\$60.00</b>	(27B) Total Fee <b>\$60.00</b>	FCC Use Only
(28B) FCC CODE 1 <b>55031</b>	(29B) FCC CODE 2 <b>CDBS20111201EXD</b>	
(23C) FCC Call Sign/Other ID <b>KRTN-TV</b>	(24C) Payment Type Code(PTC) <b>MAT</b>	(25C) Quantity <b>1</b>
(26C) Fee Due for (PTC) <b>\$60.00</b>	(27C) Total Fee <b>\$60.00</b>	FCC Use Only
(28C) FCC CODE 1 <b>82613</b>	(29C) FCC CODE 2 <b>CDBS20111201EXE</b>	
(23D) FCC Call Sign/Other ID <b>KTEL-TV</b>	(24D) Payment Type Code(PTC) <b>MAT</b>	(25D) Quantity <b>1</b>
(26D) Fee Due for (PTC) <b>\$60.00</b>	(27D) Total Fee <b>\$60.00</b>	FCC Use Only
(28D) FCC CODE 1 <b>83707</b>	(29D) FCC CODE 2 <b>CDBS20111201EXF</b>	
(23E) FCC Call Sign/Other ID <b>KTTU-FM</b>	(24E) Payment Type Code(PTC) <b>MAR</b>	(25E) Quantity <b>1</b>
(26E) Fee Due for (PTC) <b>\$60.00</b>	(27E) Total Fee <b>\$60.00</b>	FCC Use Only
(28E) FCC CODE 1 <b>61581</b>	(29E) FCC CODE 2 <b>CDBS20111201EXR</b>	
(23F) FCC Call Sign/Other ID <b>KXTQ-FM</b>	(24F) Payment Type Code(PTC) <b>MAR</b>	(25F) Quantity <b>1</b>
(26F) Fee Due for (PTC) <b>\$60.00</b>	(27F) Total Fee <b>\$60.00</b>	FCC Use Only
(28F) FCC CODE 1 <b>55062</b>	(29F) FCC CODE 2 <b>CDBS20111201EXI</b>	