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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. BDERCT-20090108AOT				
Licensee TWO OCEAN BROADCASTING COMPANY						
Call Sign KJWY	Facility Id 1283	Previous Call Sign (if applicable)				
Community of License						
City JACKSON	State WY	County TETON	Zip Code 83001 -			
Nielsen DMA IDAHO FALLS-POCATELLO	World Wide Web Home Page Address WWW.KJWY2.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 10/01/2006				
Channel Numbers: (Check the Channel Number(s) to which this form applies.)						
<input checked="" type="checkbox"/> checkbox checked	2					
Analog						
<input checked="" type="checkbox"/> checkbox not checked						
Digital						
Report reflects information for quarter ending: 12/31/2008						
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?						
<input checked="" type="checkbox"/> radio button not selected	Option One (A and D)	<input checked="" type="checkbox"/> radio button selected	Option Two (B and D)	<input checked="" type="checkbox"/> radio button not selected	Option Three (C and D)	
Over the past quarter, have you fully complied with the requirements of this option?			<input checked="" type="checkbox"/> radio button selected	Yes	<input checked="" type="checkbox"/> radio button not selected	No
<b>Simulcasting:</b>			<input checked="" type="checkbox"/> radio button not selected	Yes	<input checked="" type="checkbox"/> radio button selected	No
Are you simulcasting on your Analog channel and your primary Digital stream?						
<b>Application Purpose:</b>			<input checked="" type="checkbox"/> radio button selected	DTV Education Report		
			<input checked="" type="checkbox"/> radio button not selected	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	700
Total 5:00 a.m. to 1:00 a.m. CSTs	255
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	145
Total 6:00 a.m. to 9:00 a.m. CSTs	8
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	192
Total 5:00 p.m. to 10:35 p.m. CSTs	77
Comments:	

**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	3
Comments:	

**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?	
31	<i>Graphic Displays</i>
0	<i>Animated Graphics</i>
129	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>
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 type="radio"/> radio button not selected Yes <input checked="" type="radio"/> radio button selected No
Comments:	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
Does your station have a Website?	<input checked="" type="radio"/> radio button selected Yes

	<input type="radio"/> radio button not selected	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"/> radio button selected	Yes
	<input type="radio"/> radio button not selected	No
Comments:		
<b>Additional DTV Outreach Efforts -- Last Quarter</b>		
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.		
<input type="checkbox"/> checkbox not checked	Speaking Engagements	
Comments:		
<input type="checkbox"/> checkbox not checked	Community Events	
Comments:		
<input type="checkbox"/> checkbox not checked	Other (describe)	
Comments:		
<b>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</b>		
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 STATION MANAGER
Signature CHRISTEL RAHME	Date (mm/dd/yyyy) 01/08/2009

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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