

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent

☐ Check here if this is a change of address.

3. Reporting Period (Ending Date of Pay Period Covered by Report)

a. ☐ Fewer than 16 (complete Sections I, IV, and V only)

b. ☒ 16 or more (complete all sections)

Number of Employees
(Report employees in only one category)

Categories	Not-Hispanic or Latino														Total Columns A - N
	Hispanic or Latino		Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers TOTAL PREVIOUS YEAR TOTAL	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
			1												1
			6						1						7
									2						2
			7												7
															0
	1	1	2						9						13
			5												5
	2		6												8
															0
															0
10	3	1	27	0	0	0	0	0	12	0	0	0	0	0	43
11	3	2	27	0	0	0	0	0	10	0	0	0	0	0	42

SECTION III - Part-Time Employees.

[illegible]

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	Typed or Printed Name of Person Signing
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Signature _____

Signature _____

Telephone No.

(806) 271-3336

Title of Person Signing

Executive VP & General Manager

WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).