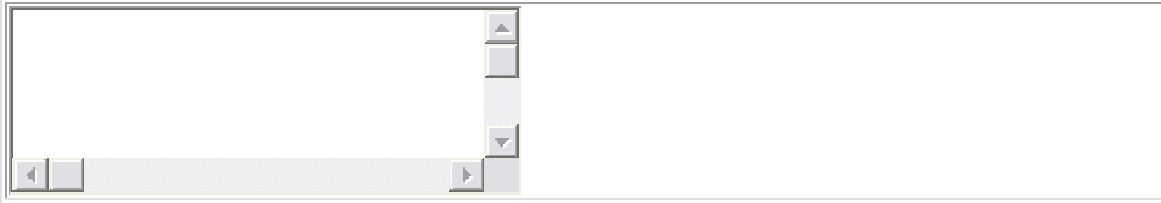


Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
FCC 388 DTV Quarterly Activity Station Report				FOR COMMISSION USE ONLY FILE NO. -	
Licensee KUPN LICENSEE, LLC					
Call Sign KVMY		Facility Id 10179		Previous Call Sign (if applicable) KVWB	
Community of License					
City		State	County		Zip Code
LAS VEGAS		NV	CLARK		89103
Nielsen DMA Las Vegas		World Wide Web Home Page Address WWW.MYLVTV.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 10/01/2014	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	21				
<input checked="" type="checkbox"/> Digital	22				
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 checked="" type="checkbox"/> Option One (A and D)	<input checked="" type="checkbox"/> Option Two (B and D)	<input checked="" type="checkbox"/> 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	
Simulcasting:					
Are you simulcasting on your Analog channel and your primary Digital stream?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application Purpose:					
<input checked="" type="checkbox"/> DTV Education Report					
<input checked="" type="checkbox"/> 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	221
Total 5:00 a.m. to 1:00 a.m. CSTs	193
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	32
Total 6:00 a.m. to 9:00 a.m. CSTs	26
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	105
Total 6:00 p.m. to 11:35 p.m. CSTs	82
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	0
Total 5:00 p.m. to 10:35 p.m. CSTs	0
Comments:	
THE FULL SCHEDULE OF THE TEXT AND CRAWL ARE AVAILABLE ON THE STATIONS WEBSITE AND IN THE PUBLIC FILE. TEXT OF THE CRAWL IS AS FOLLOWS:FULL POWER ANALOG TV BROADCASTS WILL END ON 2/17/09 AND	

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	<input type="text" value="1"/>
Comments:	
<input type="text" value="30 MINUTE PROGRAM ENTITLED, 'COUNTDOWN TO DTV - ARE YOU READY?' RAN ON KVMY ON 5/10/08 AT 10:00AM"/>	

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?

<input type="text" value="0"/>	<i>Graphic Displays</i>
<input type="text" value="0"/>	<i>Animated Graphics</i>
<input type="text" value="0"/>	<i>Graphic and Audio Displays</i>
<input type="text" value="0"/>	<i>Longer Form Reminders</i>
Comments:	
<input type="text"/>	

Section D (For all broadcasters)

Additional DTV On-air Initiatives - Last Quarter	
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:	
<input type="text"/>	

<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
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Station Website Additional Activity Related to the DTV Transition - Last Quarter	
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Does your station have a Website?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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="checkbox"/> Yes <input type="checkbox"/> No
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Comments:

BANNERS WITH LINKS TO DTVANSWERS.COM ARE ON EVERY PAGE OF THE SITE, AS WELL AS LINKS TO DTV2009.GOV, WHERE VIEWERS CAN GET INFORMATION ABOUT THE TRANSITION AND COUPONS FOR THE CONVERTER BOXES.

Additional DTV Outreach Efforts -- Last Quarter	
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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.	
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Speaking Engagements

Comments:

Community Events

Comments:

Other (describe)

Comments:

<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>

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

Comments:

<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>

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
	ROB WEISBORD
Signature	Date (mm/dd/yyyy)
ROB WEISBORD	07/09/2008

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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