

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (June 2009)		FOR FCC USE ONLY	
FCC 388 DTV Quarterly Activity Station Report				FOR COMMISSION USE ONLY FILE NO. BDEREDT-20090709ADK	
Licensee KSMQ PUBLIC SERVICE MEDIA, INC.					
Call Sign KSMQ-TV		Facility Id 28510		Previous Call Sign (if applicable)	
Community of License					
City		State	County		Zip Code
AUSTIN		MN	MOWER		55912 -
Nielsen DMA ROCHESTR-MASON CITY-AUSTIN		World Wide Web Home Page Address WWW.KSMQ.ORG		Licensee Renewal Expiration Date (mm/dd/yyyy) 04/01/2014	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	15				
<input checked="" type="checkbox"/> Digital	20				
Report reflects information for quarter ending: 06/30/2009					
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 type="radio"/> Option Two (B and D) <input checked="" type="radio"/> Option Three (C and D)					
Over the past quarter, if you have fully complied with the requirements of the selected option?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Comments:					
Were you required to air service loss notices (See 47 C.F.R. 73. § 674(b)(5) for details)? If YES , Complete Section E				<input type="radio"/> Yes <input checked="" type="radio"/> No	
Simulcasting:					
Prior to termination of signal, did you simulcast on your Analog channel and your primary Digital stream stream? If YES , complete only one of the form for both. If NO , complete a form for your Analog Channel and a second for your primary Digital stream.				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application Purpose:					
<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 C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 180 seconds per day of on-air consumer education, in variable timeslots, including at least 22.5 minutes per month between 6 pm and 12 am. It must also run one 30 minute transition education piece once (See rules for additional details).	
Have you aired a sufficient amount of consumer education (180 seconds per day) during each day this quarter; including at least 2.5 minutes per month between 6 p.m. and 12 a.m.?	<input checked="" type="radio"/> Yes <input type="radio"/> No
30 Minute Educational Programs - Last Quarter	
How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., after April 1, 2009 and prior to your station termination of analog services (see 47 C.F.R. § 73.674(e)(2) for additional details)..	
Total number of 30 Minute Informational Programs	1
Comments: AIRED A DIGITAL READINESS TEST FROM 7-7:30 PM ON 4/14/09.	

Mandatory Daily Notices - Last Quarter

Beginning April 1, 2009, Option Three S(noncommercial) stations must also provide information about antenna use, the need for rescanning, and local help centers. These notices must be aired for no fewer than 15 seconds each, at least once per day, between 8 a.m. and 11:35 p.m., and at least three times per week between 8 p.m. and 11 p.m. in the Atlantic, Eastern and Pacific time zones, and between 7 p.m. and 10 p.m. in the Mountain, Central, and Alaskan time zones, until the station terminates analog programming. Stations may choose alternative on-air methods to comply with these notice requirements, so long as they meet the requirements for duration and time of day aired. (See 47 C.F.R. § 73.674(b)(6)-(8) for additional details).	
Have you aired a sufficient number of antenna information notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you aired a sufficient number of rescanning notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you aired a sufficient number of help center notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments:	

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, and in particular, nightlight effort, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
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: OUR LINKS TO BOTH DTV ANSWERS.COM AND CONVERTER BOX INFORMATION WERE POSTED THROUGH THE REPORT PERIOD.	
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.	
<input type="checkbox"/> Speaking Engagements	

Comments:
<input type="checkbox"/> Community Events Comments:
<input type="checkbox"/> 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 AND CEO
Signature MARIANNE L. POTTER	Date (mm/dd/yyyy) 07/09/2009

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).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 594739

Description: KSMQ JULY 2009 DTV EDUCATION REPORT
Application Reference Number: 20090709ADK
Successfully filed at Jul 9 2009 12:06PM

Based on the information supplied, no fee is required.

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