

	LPTV station(s), in addition to the station listed in Section I question 1? (The call sign(s) of any associated FM translators, TV translators or LPTV stations will be requested in Section V).	
7.	<b>Other Authorizations.</b> List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested.	[Exhibit 2] <input checked="" type="checkbox"/> N/A

**NOTE:** In addition to the information called for in Sections II, III, IV and V, an explanatory exhibit providing full particulars must be submitted for each item for which a "No" response is provided.

### Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS

1.	<b>Certification.</b> Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application, instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	<b>Character Issues.</b> Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with:	
	a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
	b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
3.	<b>Adverse Findings.</b> Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
4.	<b>FCC Violations during the Preceding License Term.</b> Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
5.	<b>Alien Ownership and Control.</b> Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
6.	<b>Anti-Drug Abuse Act Certification.</b> Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	<b>Non-Discriminatory Advertising Sales Agreements.</b> Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain nondiscrimination clauses. Noncommercial licensees should select "not applicable."	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 8]

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are

By checking "Yes" above, the licensee also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower, or antenna from radio frequency electromagnetic exposure in excess of FCC guidelines.	
8. <b>Radio/Newspaper Cross-Ownership.</b> Licensee certifies that neither the applicant nor any party to this application has an attributable interest in a newspaper which: (1) is published four or more days per week, (2) is in the dominant language in the market, and (3) is published in a community entirely encompassed by:	
a. the 1 mV/m contour of one of the FM station(s)?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
b. the 2 mV/m contour of one of the AM station(s)?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
If No to either Question 8.a or 8.b, has the Commission made a finding pursuant to Section 310(d) of the Communications Act that the newspaper/broadcast combination is in the public interest?	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 16]

### Exhibits



# Electronic Form 159

## Payment Confirmation

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

<b>AGENCY TRACKING ID:</b>	<b>PGC2070267</b>
<b>AUTHORIZATION NUMBER :</b>	<b>061872</b>
<b>AMOUNT PAID :</b>	<b>\$175.00</b>

[PRINT FORM 159](#)

[CLOSE](#)

[FCC Fees](#)

**Customer Service**  
[Web Policies / Privacy Policy](#)

[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

**Agency Tracking ID: PGC2070267 Authorization  
Number: 061872  
Successful Authorization -- Date Paid: 1/18/12  
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 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Putbrese Hunsaker &amp; Trent, P.C.</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$175.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>200 S. Church Street</b>		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY <b>Woodstock</b>		(7) STATE <b>VA</b>
(8) ZIP CODE <b>22664</b>		
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>540-4597646</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0004202685</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>PEARSON BROADCASTING OF MENA, INC.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>C/O PUTBRESE HUNSAKER &amp; TRENT, PC</b>		
(15) STREET ADDRESS LINE NO. 2 <b>200 SOUTH CHURCH STREET</b>		
(16) CITY <b>WOODSTOCK</b>		(17) STATE <b>VA</b>
(18) ZIP CODE <b>22664-</b>		
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>5404597646</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>0008327124</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>KTTG</b>	(24A) Payment Type Code(PTC) <b>MGR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$175.00</b>	(27A) Total Fee <b>\$175.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>71487</b>	(29A) FCC CODE 2 <b>CDBS20120118ABB</b>	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity

(26B) Fee Due for (PTC)	(27B) Total Fee	PCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	

G

# Federal Communications Commission

**FCC MB - CDBS Electronic Filing**

**Account number: 240441**

**Description: 2012 EEO REPORT**

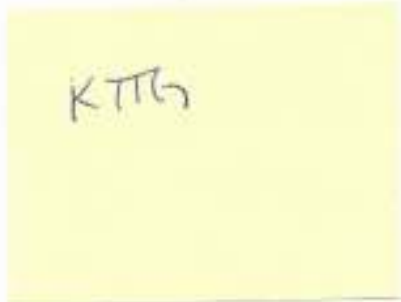
**Application Reference Number: 20120118AAY**

**Successfully filed at Jan 18 2012 10:44AM**

**Based on the information supplied, no fee is required.**

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KTTG

# Federal Communications Commission

**FCC MB - CDBS Electronic Filing**  
**Account number: 240441**

**Description: 2012 EEO REPORT**  
**Application Reference Number: 20120118AAY**  
**Successfully filed at Jan 18 2012 10:44AM**

**Based on the information supplied, no fee is required.**

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Federal Communications Commission Washington, D.C. 20554  <b>FCC 396</b>	Approved by OMB 3060-0113 (March 2003)  <b>FOR FCC USE ONLY</b>
<b>BROADCAST EQUAL EMPLOYMENT OPPORTUNITY          PROGRAM REPORT</b> (To be filed with broadcast license renewal application)  Read INSTRUCTIONS Before Filling Out Form	<b>FOR COMMISSION USE ONLY</b> FILE NO. - 20120118AAY

**Section I**

Legal Name of the Licensee PEARSON BROADCASTING OF MENA, INC.			
Mailing Address C/O PUTBRESE HUNSAKER & TRENT, PC 200 SOUTH CHURCH STREET			
City WOODSTOCK	State or Country (if foreign address) VA	Zip Code 22664 -	
Telephone Number (include area code) 5404597646	E-Mail Address (if available) FCCMAN3@SHENTELNET		
	Facility ID Number 71487	Call Sign KTTG	
<b>TYPE OF BROADCAST STATION:</b> (if applicable)	<b>Commercial Broadcast Station</b> <input checked="" type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International	<b>Noncommercial Broadcast Station</b> <input type="radio"/> Educational Radio <input type="radio"/> Educational TV	

**Application Purpose**

- New Program Report  
 Amendment to Program Report

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

[Stations Locations]

**Station List**

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
-----------	--------------------	--------------------------------	--------------------------	--



KTTG	71487	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	MENA, AR	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**CONTACT PERSON IF OTHER THAN LICENSEE**

Name JOHN C. TRENT, ESQ.		Street Address 200 SOUTH CHURCH STREET		
City WOODSTOCK	State VA	Zip Code 22664	Telephone Number 5404597646	

**FILING INSTRUCTIONS**

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

**DISCRIMINATION COMPLAINTS.** Have any pending or resolved complaints been filed during this  Yes  No license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time employees?  Yes  No

Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

**CERTIFICATION.**

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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).

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

Signed	Name of Respondent MAX H. PEARSON
--------	--------------------------------------

Title PRESIDENT	Telephone No. (include area code) 5404597646
Date 1/18/2012	

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

### GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

### RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name:	Title:
-------	--------

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

<b>I. EEO PUBLIC FILE REPORT</b> Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.	[Exhibit 2]
<b>II. NARRATIVE STATEMENT</b> Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain.	[Exhibit 3]

### FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 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 (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to [jboley@fcc.gov](mailto:jboley@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 3060-0113.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

### Exhibits

**FCC MB - CDBS Electronic Filing**  
**Application Reference Number: 20120118ABB**  
**Successfully filed at Jan 18 2012 10:51AM**

**A Fee Payment is Required for this application. The Total Fee is \$175.**

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

[Electronic Form 159](#)

[Return to Main Menu](#)

[Logout](#)

Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.

**FCC MB - CDBS Electronic Filing**  
**Application Reference Number: 20120118ABB**  
**Successfully filed at Jan 18 2012 10:51AM**

**A Fee Payment is Required for this application. The Total Fee is \$175.**

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

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Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0110 (March 2011)	FOR FCC USE ONLY
<b>FCC 303-S</b>		FOR COMMISSION USE ONLY FILE NO. - 20120118ABB
<b>APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE</b>		
Read INSTRUCTIONS Before Filling Out Form		

**Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS**

1. Legal Name of the Licensee PEARSON BROADCASTING OF MENA, INC.						
Mailing Address C/O PUTBRESE HUNSAKER & TRENT, PC 200 SOUTH CHURCH STREET						
City WOODSTOCK	State or Country (if foreign address) VA	ZIP Code 22664 -				
Telephone Number (include area code) 5404597646	E-Mail Address (if available) FCCMAN3@SHENTELNET					
FCC Registration Number: 0008327124	Facility ID Number 71487	Call Sign KTTG				
2. Contact Representative JOHN C. TRENT, ESQ.						
Firm or Company Name PUTBRESE HUNSAKER & TRENT, P.C.						
Mailing Address 200 SOUTH CHURCH STREET						
City WOODSTOCK	State or Country (if foreign address) VA	Zip Code 22664 -				
Telephone Number (include area code) 5404597646	E-Mail Address (if available) FCCMAN3@SHENTELNET					
3. 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"/> Noncommercial Educational Licensee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)						
4. Purpose of Application  <input checked="" type="radio"/> Renewal of license <input type="radio"/> Amendment to pending renewal application If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the pending application that are being revised. [Exhibit 1]						
5. Facility Information: <input checked="" type="radio"/> Commercial <input type="radio"/> Noncommercial Educational						
6. Service and Community of License a. <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> FM Translator <input type="radio"/> LPFM <input type="radio"/> TV <input type="radio"/> TV Translator <input type="radio"/> Low Power TV <input type="radio"/> Class A TV <input type="radio"/> Digital TV <input type="radio"/> Digital Translator or Digital LPTV <input type="radio"/> Digital Class A TV <table border="1" data-bbox="203 1806 1031 1900"> <tr> <td colspan="2" style="text-align: center;">Community of License /Area to be Served</td> </tr> <tr> <td>City: MENA</td> <td>State : AR</td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), <input type="radio"/> Yes <input checked="" type="radio"/> No			Community of License /Area to be Served		City: MENA	State : AR
Community of License /Area to be Served						
City: MENA	State : AR					