DTV Quarterly Activity Station Report

Licensee: GRAY TELEVISION LICENSEE, LLC

Call Sign: KKCO
Facility Id: 24766
Previous Call Sign (if applicable): 

Community of License:
City: GRAND JUNCTION
State: CO
County: MESA
Zip Code: 81505

Nielsen DMA: GRAND JUNCTION-MONTROSE
World Wide Web Home Page Address: WWW.NBC11NEWS.COM
Licensee Renewal Expiration Date (mm/dd/yyyy): 04/01/2006

Channel Numbers: (Check the Channel Number(s) to which this form applies.)
- [ ] Analog 11
- [x] Digital 12

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)?
- [x] Option One (A and D)
- [ ] Option Two (B and D)
- [ ] Option Three (C and D)

Over the past quarter, have you fully complied with the requirements of this option? [x] Yes [ ] No

Simulcasting:
Are you simulcasting on your Analog channel and your primary Digital stream? [x] Yes [ ] No

Application Purpose:
- [x] DTV Education Report
- [ ] 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

<table>
<thead>
<tr>
<th>How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 5:00 a.m. to 1:00 a.m. PSAs</td>
</tr>
<tr>
<td>Total 5:00 a.m. to 1:00 a.m. CSTs</td>
</tr>
</tbody>
</table>

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.?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 6:00 a.m. to 9:00 a.m. PSAs</td>
<td>54</td>
</tr>
<tr>
<td>Total 6:00 a.m. to 9:00 a.m. CSTs</td>
<td>10</td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 6:00 p.m. to 11:35 p.m. PSAs</td>
<td></td>
</tr>
<tr>
<td>Total 6:00 p.m. to 11:35 p.m. CSTs</td>
<td></td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 5:00 p.m. to 10:35 p.m. PSAs</td>
<td>82</td>
</tr>
<tr>
<td>Total 5:00 p.m. to 10:35 p.m. CSTs</td>
<td>101</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Program Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

Comments:
AIRDATES WERE:
10/18/08 @ 1:30PM
11/2/08 @ 4:00PM

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?

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graphic Displays</td>
<td>0</td>
</tr>
<tr>
<td>Animated Graphics</td>
<td>52</td>
</tr>
<tr>
<td>Graphic and Audio Displays</td>
<td>0</td>
</tr>
<tr>
<td>Longer Form Reminders</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:
THIS ANIMATED GRAPHIC IS AIRED DURING OUR EARLY LOCAL NEWS @ 5:30PM FOR MAXIMUM VIEWERSHIP.

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.

- Yes [ ] No [x]

Comments:

A SPECIAL NEWS STORY DURING NOVEMBER SWEEPS.

### Station Website Additional Activity Related to the DTV Transition - Last Quarter

Does your station have a Website?

- Yes [x] 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.

- Yes [ ] No [x]

Comments:

SITE PROVIDES DTV FAQ'S WITH CONTACT NUMBER FOR THE FCC AND VARIOUS LINKS TO OTHER PERTINENT WEBSITES.

### 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.

- [ ] Speaking Engagements
  
  Comments:

- [ ] Community Events
  
  Comments:

- [ ] 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.

<table>
<thead>
<tr>
<th>Typed or Printed Name of Person Signing</th>
<th>Typed or Printed Title of Person Signing</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRISTA RHoades</td>
<td>OFFICE MANAGER</td>
</tr>
</tbody>
</table>

Signature: KRISTA RHoades
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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