

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (June 2009)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>		FOR COMMISSION USE ONLY FILE NO. -20090709AMO	
Licensee LARRY H. MILLER COMMUNICATIONS CORPORATION			
Call Sign KJZZ-TV	Facility Id 36607	Previous Call Sign (if applicable)	
Community of License			
City SALT LAKE CITY	State UT	County SALT LAKE	Zip Code 84116 -
Nielsen DMA SALT LAKE CITY	World Wide Web Home Page Address WWW.KJZZ.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	14		
<input checked="" type="checkbox"/> Digital	46		
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 checked="" type="radio"/> Option Two (B and D) <input 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	
<b>Simulcasting:</b>			
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	
<b>Application Purpose:</b>			
<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 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 Countdown piece per day during the 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	636
Total 5:00 a.m. to 1:00 a.m. CSTs	424
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	113
Total 6:00 a.m. to 9:00 a.m. CSTs	50
For stations located in the Atlantic, 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	
Total 6:00 p.m. to 11:35 p.m. CSTs	
For stations located in the Alaskan, 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	173
Total 5:00 p.m. to 10:35 p.m. CSTs	131
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., after April 1, 2009 and prior to your station's termination of analog service (See 47 C.F.R. § 73.674(d)(5) for additional details).	
Total number of 30 Minute Informational Programs	1
Comments: UTAH MATTERS PROGRAM TOPIC MAY 3, 2009 AT 9:30 A.M.	

**Countdown Eligible Pieces - Last Quarter**

Beginning on April 1, 2009 or 60 days prior to termination of their analog service, whichever is later, all stations participating in Option Two must engage in special "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown To DTV" on-air activity per day during the days leading up to their analog termination. During the last quarter, how many of each eligible "Countdown to DTV" pieces did your station run?	
61	Graphic Displays
0	Animated Graphics
0	Graphic and Audio Displays
0	Longer Form Reminders
Comments:	

**Mandatory Daily Notices - Last Quarter**

Beginning April 1, 2009, Option Two stations must also provide information about antenna use, the need for rescanning, and walk-in DTV 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, but if so they may not be counted toward the transition PSA/transition CST obligations. (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)**

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
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 checked="" type="radio"/> Yes <input type="radio"/> No
Comments: SEVERAL NEWS STORIES WERE RAN AS FOLLOWS:  JUNE 5, 2009 - 9:00PM - TWO STORIES FOR THE ONE WEEK COUNTDOWN TO THE SWITCH. COVERED WHO WOULD BE AFFECTED AND WHAT VIEWERS NEED TO DO.  JUNE 11, 2009 - 9:00AM - MORNING BEFORE SWITCH ANNOUNCEMENT. NOTIFIED VIEWERS ABOUT THE NEED FOR A CONVERTER BOX.  JUNE 11, 2009 - 9:00PM - NIGHT BEFORE SWITCH ANNOUNCEMENT. NOTIFIED VIEWERS ABOUT THE NEED FOR A CONVERTER BOX.  JUNE 12, 2009 - 9:00AM - TWO DAY OF SWITCH ANNOUNCEMENT. FINAL NOTIFICATION TO VIEWERS ABOUT THE NEED FOR A CONVERTER BOX, AND HOW CABLE AND SATELLITE ARE FINE.	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
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: LINKS TO INFORMATIONAL WEB SITES SUCH AS NBA SITE AND UBA SITE ETC.	
<b>Additional DTV Outreach Efforts -- Last Quarter</b>	
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:
<b>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</b>	
Comments:	

<b>Station Certification</b>	
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 DIRECTOR OF PROGRAMMING
Signature ROBERT J. QUIGLEY	Date (mm/dd/yyyy) 07/10/2009