Broadcast station licensees				rtunity to all qualified perso	ons and to refrain
CHATHAM	IL	62629-865 FILIN	6 2174833397		
City	State	Zip Code	Telephone N	lumber	
CONTACT PERSON IF OTHER THAN LICENSEE Name Street LARRY G. BOSTWICK 10781				ess AIN ST.	о
Stations Locations	THER TU AN	N I ICENSEE			
the same market that share					
on this form. For purposes	of this form,	a station empl		tion or a group of commonly	
				nation provided in Sections stations, as well as any oth	
which stations are operated	d pursuant to	a time broker	age agreement. To th	he extent that licensees inclu	ude stations operated
ů.	0			commonly owned stations th rokerage agreement. Indica	
C Amendment to Program	m Report				
• New Program Report					
Application Purpose					
	O Inter	national			
	C Low	Power TV			
(if applicable)	C TV			C Educational TV	
STATION:	• Radio			C Educational Radio	
TYPE OF BROADCAST	Commer	cial Broadcast	Station	Noncommercial Broadcast	
		Facility ID 13650	v mumber		Call Sign WRMS-FM
2173231790		Fagilit. ID	LARRY.BOSTWICK	@GMAIL.COM	Call Sign
Telephone Number (include area code)			E-Mail Address (if available)		
CHY BEARDSTOWN			State or Country (if foreign address)Zip CodeIL62618 -		
108 E. MAIN STREET City	an die name in the state of the Balance		State or Country li	foreign address)	Zip Code
Mailing Address		and a second	for the second		n - Constant, Anna Anna anna anna anna anna anna ann
Legal Name of the License LB SPORTS PRODUCTION					
Section I					
	CTIONS Bef	ore Filling Ou	t Form		
(To be filed with b	rouucast 11Ce				
	OGRAM H	B396 - 20120718AAA			
BROADCAST EQUA		FOR COMMISSION USE ONLY FILE NO.			
	FCC 3	96	-		
Washington, D.C. 20554		Ĵ	3060-0113 (March 2003)		
Federal Communications Commiss	sion		Approved by OMB	FOR FCC USE ONLY	

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 $C_{Yes} \odot_{No}$ this 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 C 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 LARRY G. BOSTWICK
<i>Title SOLE MEMBER, LB SPORTS PRODUCTIONS LLC</i>	Telephone No. (include area code) 2173231790
Date 7/16/2012	

Menu