

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (February 2009)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>			FOR COMMISSION USE ONLY FILE NO. -20090407ABY
Licensee HOAK MEDIA OF NEBRASKA LICENSE, LLC			
Call Sign KNOP-TV	Facility Id 49273	Previous Call Sign (if applicable)	
Community of License			
City NORTH PLATTE	State NE	County LINCOLN	Zip Code 69101 -
Nielsen DMA NORTH PLATTE	World Wide Web Home Page Address WWW.KNOPNEWS2.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 06/01/2006	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	2		
<input checked="" type="checkbox"/> Digital	2		
Report reflects information for quarter ending: 03/31/2009			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?			
<input type="checkbox"/> Option One (A and D)	<input checked="" type="checkbox"/> Option Two (B and D)	<input type="checkbox"/> Option Three (C and D)	
Over the past quarter, have you fully complied with the requirements of this option?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Simulcasting:</b>			
Are you simulcasting on your Analog channel and your primary Digital stream?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Application Purpose:</b>			
<input checked="" type="checkbox"/> DTV Education Report			
<input type="checkbox"/> 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**

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	630
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Total 5:00 a.m. to 1:00 a.m. CSTs	215
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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	50
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Total 6:00 a.m. to 9:00 a.m. CSTs	25
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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)?

Total 6:00 p.m. to 11:35 p.m. PSAs	
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Total 6:00 p.m. to 11:35 p.m. CSTs	
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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)?

Total 5:00 p.m. to 10:35 p.m. PSAs	285
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Total 5:00 p.m. to 10:35 p.m. CSTs	110
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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 June 12, 2009.

Total number of 30 Minute Informational Programs	0
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Comments:

RAN 30 MINUTE DTV PROGRAM, DECEMBER 2008

### 100-Day Countdown - Last Quarter

All stations participating in Option Two must air a minimum of one "Countdown To DTV" per day during certain periods. Due to the delay in the DTV deadline, the revision of the countdown rules, and differing analog termination dates, not every station was required to air the "Countdown To DTV" the same number of times during the first quarter of 2009. Below, list the actual number of days on which your station aired any eligible "Countdown to DTV," and, in the Comments field, briefly explain how this number of days was calculated.

90	<i>Graphic Displays</i>
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0	<i>Animated Graphics</i>
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90	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>
Comments: LOGGED AND RAN IN NEWSCASTS, 11:30 AM, 6 PM & 10 PM	

**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, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Comments:  
 NEWS REPORTS AND AWARENESS PIECES INFORMING THE PUBLIC OF THE UPCOMING FEBRUARY 10, 2009 KNOP TRANSITION.

<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
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Comments:  
 MIRRORED STORIES FROM NEWS PLUS LINK TO DTV EDUCATIONAL INFORMATION.

<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.	

Speaking Engagements

Comments:  
 2009 HOME SHOW

Community Events

Comments:

Other (describe)

Comments:  
 RECEIVED MANY PHONE CALLS AND ASSISTED VIEWERS WITH THEIR DTV QUESTIONS.

**This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.**

Comments:  
 KNOP, AFTER YEARS OF PLANNING, MOVED FORWARD WITH OUR DIGITAL SWITCH ON FEBRUARY 10, 2009

**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 GREGG HOOVER
Signature GREGG HOOVER	Date (mm/dd/yyyy) 04/07/2009

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