

**Federal Communications Commission**

The FCC Acknowledges Receipt of Comments From ...  
**Northland Television, LLC**  
...and Thank You for Your Comments

Your Confirmation Number is: **'2008410375482'**

Date Received: **Apr 10 2008**

Docket: **07-148**

Number of Files Transmitted: **1**

**DISCLOSURE**

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*updated 12/11/03*

## FCC 388

### DTV Consumer Education Quarterly Activity Report

**Instructions**

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to all station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: [http://fjallfoss.fcc.gov/prod/ecfs/upload\\_v2.cgi](http://fjallfoss.fcc.gov/prod/ecfs/upload_v2.cgi)
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Station Call Sign(s)

WJFW-TV

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Report reflects information for quarter ending (mm/dd/yy)

03/31/08

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Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?

- 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?

- Yes
  No

**Simulcasting**

Are you simulcasting on your Analog channel and your primary Digital stream?

- Yes
  No

If **YES**, complete only one form for both. If **NO**, complete a form for your Analog channel and a second for your primary Digital stream

Call Sign	Channel Numbers		Community of License			
			City	State	County	Zip Code
WJFW-TV	Analog	12 <input checked="" type="checkbox"/>	Rhinelander	WI	Oneida	54501
	Digital	16 <input checked="" type="checkbox"/>				
Licensee Northland Television, LLC						
Above, circle the Channel Number(s) to which this form applies.			Nielsen DMA		World Wide Web Home Page Address	
12, 16			Wausau-Rhinelander, WI		www.wjfw.com	
Facility ID Number		Previous Call Sign (if applicable)		License Renewal Expiration Date (mm/dd/yy)		
49699				12/01/2013		

**Section A (For broadcasters electing Option One)**

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day?

Yes       No

Have you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day?

Yes       No

**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

Comments (add additional sheets where necessary):

The station aired the following programming:

- A live interview with a local electronics retailer concerning DTV and the DTV transition on 3-11-08
- A story concerning digital converters on 1-7-08
- Stories concerning DTV coupons on 1-3-08 and 3-14-08.

**Station Website Additional Activity Related to the DTV Transition – Last Quarter**

Does your station have a Website?                       Yes    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

Comments (add additional sheets where necessary):

The station's website contains a link to DTVanswers.com, content from a local DTV expert addressing frequently asked questions, and a scrolling crawl providing information about the transition.

**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 (add additional sheets where necessary):

Community Events

Comments (add additional sheets where necessary):

During the previous quarter, the station's sales manager attended a DTV-related town hall meeting.

Other (describe)

Comments (add additional sheets where necessary):

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

Comments (add additional sheets where necessary):

During the previous quarter, the station ran 689 Wisconsin Broadcast Association DTV PSAs, 51 Option 1 PSAs, and 48 Option 1 DTV Crawls.

**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 Gregory Buzzell	Typed or Printed Title of Person Signing Director of Engineering
Signature <input checked="" type="checkbox"/>	Date 4/9/2009

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).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each response to this collection of information will take 3 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-PERF, Paperwork Reduction Project (3060-1115), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@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 3060-1115.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**