| Federal Communications Commission Approved by OMB Washington, D.C. 20554 3060-1115 (March 2008)                              |            | Approved by OMB                                  |                             | FOR FCC USE ONLY |  |
|--|------------|--|-----------------------------|------------------|--|
|  |            |  |                             |                  |  |
| II FUU. 300  |            |  | FOR COMMISSION USE ONLY     |                  |  |
| DTV Quarterly Activity Station Report  |            |  | FILE NO. BDERCT-20090108ABN |                  |  |
| Licensee<br>THE CURATORS OF THE UNIVERSITY OF MISSOURI   |            |  |                             |                  |  |
|  |            | Facility Id                                      |                             |                  | Previous Call Sign (if applicable)                       |
| KOMU-TV  |            | 65583  |                             |                  | <i>3</i> ( 11 ···· )                                     |
| Community of License   |            |  |                             |                  |  |
| City   | State      | County   | Zip Code                    |                  |  |
| COLUMBIA   | МО         | BOONE  | 6521                        | 11 -             |  |
| Nielsen DMA<br>COLUMBIA-JEFFERSON CITY   |            | World Wide Web Home Page Address<br>WWW.KOMU.COM |                             |                  | Licensee Renewal Expiration Date (mm/dd/yyyy) 02/01/2006 |
| Channel Numbers: (Check the C  | Channel N  | fumber(s) to which this form appl                | lies.)                      |                  |  |
| ✓ Analog 8   |            |  |                             |                  |  |
| Digital 36   |            |  |                             |                  |  |
| Report reflects information for q  | uarter end | ling: 12/31/2008                                 |                             |                  |  |
| Have you opted to comply with  |            |  |                             |                  | nay not change)?   |
|  |            | (B and D) Option Three (C a                      |                             |                  |  |
| Over the past quarter, have you f  | fully comp | plied with the requirements of this              | s opti                      | on?              | ⊙ <sub>Yes</sub> C <sub>No</sub>                         |
| Simulcasting:  |            |  |                             |                  |  |
| Are you simulcasting on your Ar  | nalog char | nnel and your primary Digital stre               | eam?                        |                  | ⊙ Yes O No   |
| Application Purpose:   |            |  |                             |                  |  |
| TV Education Report  |            |  |                             |                  |  |
| C 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 CST    | s 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. | 314  |
| PSAs                         |  |
| Total 5:00 a.m. to 1:00 a.m. | 557  |
| CSTs                         |  |
|                              |  |

| Total 6:00 a.m. to 9:00 a.m.           | 22   |
|--|--|
| PSAs Total 6:00 a.m. to 9:00 a.m. CSTs | 110  |
|  | ern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last 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     |  |
|  | ral or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last p.m.(must average at least 4 per week)? |
|  | 87   |
| Total 5:00 p.m. to 10:35 p.m. PSAs     |  |

### 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.

Total number of 30 Minute Informational Programs

2

Comments:

COUNTDOWN TO DTV, PRODUCED BY THE NATIONAL ASSOCIATION OF BROADCASTERS AIRED 12/06/08 AT 1:00 PM AND 12/28/08 AT 2:00 PM.

# 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? |                            |  |
|--|----------------------------|--|
| 139  | Graphic Displays           |  |
| 0  | Animated Graphics          |  |
| 0  | Graphic and Audio Displays |  |
| 0  | Longer Form Reminders      |  |
| Comments:  |                            |  |

### 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. | C Yes € No |
| during the quarter. The comment out may be used to describe these installations.   |            |

| Comments:   |   |  |
|---|---|--|
| Station Website Additional Activity Related to the DT   | TV Transition - Last Quarter  |  |
| Does your station have a Website?   | $\bullet_{\mathrm{Yes}} \circ_{\mathrm{No}}$  |  |
| If YES, did your station provide additional DTV related in The comment box may be used to describe what was pos   |   | ⊙ Yes C No   |
| Comments: STATION WEBSITE KOMU.COM HAS A PAGE DEV TRANSITION TO DIGITAL TELEVISION SERVICE. FOLLOW TO ENSURE CONTINUED RECEPTION OF TRANSITION DATE. INCLUDED ARE LINKS OR CO DTV.GOV, ANTENNAWEB.ORG, DTV2009.GOV, GR FORM HANDLER IS INCLUDED ON THE PAGE ALL QUESTIONS REGARDING THE DIGITAL TRANSITION. | THE PAGE DISCUSSES THE PROCESS F OVER-THE-AIR BROADCAST SIGNAL ONTACT INFORMATION FOR DTVANS ETREADYFORDIGITALTV.COM AND D LOWING VIEWERS OR USERS TO SUB | VIEWERS NEED TO<br>LS AFTER THE<br>WERS.COM,<br>DIGITALTIPS.ORG. A |
| Additional DTV Outreach Efforts Last Quarter  |   |  |
| Check all of the DTV related activities listed below that y quarter. The comment box may be used to describe this a   |   |  |
| ☐ Speaking Engagements  |   |  |
| Comments:   |   |  |
| Community Events  |   |  |
| Comments:   |   |  |
| Other (describe)  |   |  |
| Comments:<br>PSAS, CSTS AND 100 DAY COUNTDOWN GRAPHIO<br>CHANNEL IS ALSO AVAILABLE ON THE ANALOC  |   | ISSOURI'S CW. THIS   |
| PSAS 5 AM -1 AM 396   |   |  |
| CSTS 5 AM -1 AM 951   |   |  |
| 100 DAY GRAPHIC DISPLAYS 424  |   |  |
| This comment box may be used to include other comment the last quarter.   | nents or information about your station's   | DTV activity over  |
| Comments:   |   |  |
|   |   |  |
|   |   |  |
| Station Certification I certify that the statements in this document are true, commade in good faith.   | nplete, and correct to the best of my knowled   | dge and belief, and are  |
| Typed or Printed Name of Person Signing   | Typed or Printed Title of Person Signi<br>DIRECTOR OF BUSINESS SERVICE  |  |
|   |   |  |

| Signature    | Date (mm/dd/yyyy) | 1 |
|--------------|-------------------|---|
| MARY L. SAPP | 01/08/2009        | 1 |

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