

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
FCC 388 DTV Quarterly Activity Station Report				FOR COMMISSION USE ONLY FILE NO. -	
Licensee SCRIPPS HOWARD BROADCASTING COMPANY					
Call Sign KMCI		Facility Id 42636		Previous Call Sign (if applicable) <input type="text"/>	
Community of License					
City		State	County		Zip Code
LAWRENCE		KS	DOUGLAS		66046 - <input type="text"/>
Nielsen DMA Kansas City		World Wide Web Home Page Address WWW.KMCI.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 06/01/2014	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> checkbox checked	38				
Analog					
<input checked="" type="checkbox"/> checkbox checked	36				
Digital					
Report reflects information for quarter ending: 06/30/2008					
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?					
<input checked="" type="checkbox"/> radio button not selected		Option One (A and D)		<input checked="" type="checkbox"/> radio button selected	
				Option Two (B and D)	
<input checked="" type="checkbox"/> radio button not selected		Option Three (C and D)			
Over the past quarter, have you fully complied with the requirements of this option?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Simulcasting:					
Are you simulcasting on your Analog channel and your primary Digital stream?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application Purpose:					
<input checked="" type="checkbox"/> radio button selected		DTV Education Report			
<input checked="" type="checkbox"/> radio button not selected		Amendment		File Number -	
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.					
<input type="text"/>					

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	<input type="text" value="333"/>
Total 5:00 a.m. to 1:00 a.m. CSTs	<input type="text" value="273"/>
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	<input type="text" value="60"/>
Total 6:00 a.m. to 9:00 a.m. CSTs	<input type="text" value="5"/>
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	<input type="text"/>
Total 6:00 p.m. to 11:35 p.m. CSTs	<input type="text"/>
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	<input type="text" value="54"/>
Total 5:00 p.m. to 10:35 p.m. CSTs	<input type="text" value="91"/>
Comments:	
<input type="text" value="ADDITIONALLY FROM 1:01AM TO 4:59AM KMCI AIRED 346 DTV PSA'S."/>	

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	<input type="text" value="0"/>
Comments:	
<input type="text"/>	

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?

<input type="text" value="0"/>	<i>Graphic Displays</i>
<input type="text" value="0"/>	<i>Animated Graphics</i>
<input type="text" value="0"/>	<i>Graphic and Audio Displays</i>
<input type="text" value="0"/>	<i>Longer Form Reminders</i>

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
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:	
<div style="border: 1px solid black; padding: 5px;">ON THE MAIN WEB PAGE UNDER LINKS THERE IS A BUTTON THAT TAKES THE USER DIRECTLY TO THE DTV WEBSITE.</div>	
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.	
<input type="checkbox"/> Speaking Engagements	
Comments:	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

<input type="checkbox"/> Community Events Comments: <div style="border: 1px solid gray; height: 40px;"></div>
<input checked="" type="checkbox"/> Other (describe) Comments: <div style="border: 1px solid gray; padding: 2px;"> CONVERTER BOX COUPON REQUEST FORMS AND INFORMATION ABOUT THE SWITCH ARE AVAILABLE FREE TO THE PUBLIC IN OUR RECEPTION AREA. </div>
<p>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</p> Comments: <div style="border: 1px solid gray; height: 40px;"></div>

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
	VICE PRESIDENT & GEI
Signature	Date (mm/dd/yyyy)
CRAIG ALLISON	07/09/2008

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