Federal Communications Commis Washington, D.C. 20554	ssion	Approved by OME 3060-0113 (March 2003)			
	FCC 396	•	arcii 2005,		
BROADCAST	_		•	FOR COMMISSION USE ONLY FILE NO.	
OPPORTUNIT		_	. 1	- 20120531AEY	
(To be filed with broadcast license renewal application)			ation)		
Read <u>INSTRUCTIONS</u> Before Filling Out Form					
Section I					
Legal Name of the License					
LARLEN COMMUNICATION	15, INC.				
Mailing Address					
6808 HANNA LAKE					- ,
CALEDONIA		ll.		Country (if foreign	Zip Code
CALEDONIA			address)		49316 -
The large Number (inclusion	1 2722 50		MI E Mail Ac	' (:f available)	
Telephone Number (include 16168135782	de area co	· I		ldress (if available) OMM@SBCGLOBAL.N	ICT.
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	J	Facility ID Number 121790	er	Call Sign	
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DIONE HARP			6808 HANNA LAKE	
City	State	Zip Code	Telephone Number	
CALEDONIA	МІ	49316-	6168135782	

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. 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 Yes No filed during 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 🕻 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
	HELEN HARP
Title	Telephone No. (include area code)
TRUSTEE	6168135780
Date	
5/29/2012	

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