

Federal Communications Commission Washington, D.C. 20554 Approved by OMB 3060-1115 (June 2009)		FOR FCC USE ONLY	
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>		FOR COMMISSION USE ONLY FILE NO. -	
Licensee SINGLAIR BROADCASTING			
Call Sign WYZZ-TV		Facility Id 5875	
Previous Call Sign (if applicable)		Community of License	
City BLOOMINGTON		State IL	
County MCCLEAN		Zip Code 61704	
Nielsen DMA Peoria-Bloomington			
World Wide Web Home Page Address WWW.CIPROUD.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 12/01/2013	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
Analog <input checked="" type="checkbox"/> checkbox not		Digital <input checked="" type="checkbox"/> checkbox	
28		Report reflects information for quarter ending: 06/30/2009	
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 not selected Option Three (C and D)	
<input checked="" type="checkbox"/> radio button selected Option Two (B and D)		<input checked="" type="checkbox"/> radio button selected Option One (A and D)	
Over the past quarter, if you have fully complied with the requirements of the selected option?			
<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Comments:			
Were you required to air service loss notices (See 47 C.F.R. 73. § 674(b)(5) for details)?			
<input checked="" type="checkbox"/> radio button not selected Yes		<input checked="" type="checkbox"/> radio button selected No	
Simulcasting:			
Prior to termination of signal, did you simulcast on your Analog channel and your Primary Digital stream?			
<input checked="" type="radio"/> Yes		<input type="radio"/> No	

If YES, complete only one of the form for both. If NO, complete a form for your Analog Channel and a second for your primary Digital stream.	
Application Purpose:	
<input checked="" type="checkbox"/> radio button selected	DTV Education Report
<input 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.	

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 Countdown piece per day during the 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	0
Total 5:00 a.m. to 1:00 a.m. CSTs	0
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	0
Total 6:00 a.m. to 9:00 a.m. CSTs	0
For stations located in the Atlantic, 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	0
Total 6:00 p.m. to 11:35 p.m. CSTs	0
For stations located in the Alaskan, 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	0
Total 5:00 p.m. to 10:35 p.m. CSTs	0

Comments: STATION CEASED CARRIAGE OF ITS ANALOG CHANNEL ON 2/17/09. THIS REQUIREMENT WAS FULFILLED AND REPORTED IN THE FIRST QUARTER 2009 REPORT.	
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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., after April 1, 2009 and prior to your station's termination of analog service (See 47 C.F.R. § 73.674(d)(5) for additional details).	
Total number of 30 Minute Informational Programs	0
Comments: STATION CEASED CARRIAGE OF ITS ANALOG CHANNEL ON 2/17/09. THIS REQUIREMENT WAS FULFILLED AND REPORTED IN THE FIRST QUARTER 2009 REPORT.	

Countdown Eligible Pieces - Last Quarter

Beginning on April 1, 2009 or 60 days prior to termination of their analog service, whichever is later, all stations participating in Option Two must engage in special "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown To DTV" on-air activity per day during the days leading up to their analog termination. During the last quarter, how many of each eligible "Countdown to DTV" pieces did your station run?	
Graphic Displays	0
Animated Graphics	0
Graphic and Audio Displays	0
Longer Form Reminders	0
Comments: STATION CEASED CARRIAGE OF ITS ANALOG CHANNEL ON 2/17/09. THIS REQUIREMENT WAS FULFILLED AND REPORTED IN THE FIRST QUARTER 2009 REPORT.	

Mandatory Daily Notices - Last Quarter

Beginning April 1, 2009, Option Two stations must also provide information about antenna use, the need for rescanning, and walk-in DTV help centers. These notices must be aired for no fewer than 15 seconds each, at least once per day, and between 8 a.m. and 11:35 p.m., and at least three times per week between 8 p.m. and 11 p.m. in the Atlantic, Eastern and Pacific time zones, and between 7 p.m. and 10 p.m. in the Mountain, Central, and Alaskan time zones, until the station terminates analog programming. Stations may choose alternative on-air methods to comply with these notice requirements, but if so they may not be counted toward the transition PSA/transition CST obligations. (See 47 C.F.R. § 73.674(b)(6)-(8) for additional details).	
Have you aired a sufficient number of antenna information notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Section D (For all broadcasters)

Have you aired a sufficient number of rescanning notices this quarter (one per day and at least three per week during primetime)?	
<input type="radio"/> Yes	<input checked="" type="radio"/> No
Have you aired a sufficient number of help center notices this quarter (one per day and at least three per week during primetime)?	
<input type="radio"/> Yes	<input checked="" type="radio"/> No
Comments: THE STATION CEASED CARRIAGE OF ITS NALOG SIGNAL ON FEBRUARY 17, 2009	

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, and in particular, nighttime effort, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments: THE STATION CEASED CARRIAGE OF ITS NALOG SIGNAL ON FEBRUARY 17, 2009	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
Does your station have a Website?	
<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No
Comments: OUR WEBSITE, WWW.CIPROUD.COM PROVIDED A DTV RELATED PAGE WHICH PROVIDED DTV INFORMATION, INSTRUCTIONS ON HOW TO BETTER RECEIVE OUR DIGITAL SIGNAL, THE CONVERTER BOX COUPON, AS WELL AS A LINK TO WWW.DTVANSWERS.COM	
<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.	
<input type="checkbox"/> Speaking Engagements	Comments:
<input type="checkbox"/> Community Events	Comments:

Comments:	
<input type="checkbox"/> Other (describe)	
Comments:	
This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.	

<b>Station Certification</b> 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	BRENDA MCDONALD
Date (mm/dd/yyyy)	07/10/2009

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-PERM, 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. 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.**