

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
FCC 388				FOR COMMISSION USE ONLY	
DTV Quarterly Activity Station Report				FILE NO. -	
Licensee COMCORP OF LOUISIANA LICENSE CORP.					
Call Sign KADN		Facility Id 33261		Previous Call Sign (if applicable) <input type="text"/>	
Community of License					
City	State	County	Zip Code		
LAFAYETTE	LA	LAFAYETTE	70506	-	<input type="text"/>
Nielsen DMA Lafayette, LA	World Wide Web Home Page Address WWW.KADN.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 06/01/2013		
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input type="checkbox"/> Analog	<input type="checkbox"/> 15				
<input type="checkbox"/> Digital	<input type="checkbox"/> 16				
Report reflects information for quarter ending: 12/31/2008					
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?					
<input type="checkbox"/> Option One (A and D)	<input type="checkbox"/> Option Two (B and D)	<input type="checkbox"/> 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 type="checkbox"/> DTV Education Report		<input type="text"/>			
<input type="checkbox"/> Amendment		File Number -			
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.					
<div style="border: 1px solid black; height: 50px;"></div>					

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="326"/>
Total 5:00 a.m. to 1:00 a.m. CSTs	<input type="text" value="368"/>
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="72"/>
Total 6:00 a.m. to 9:00 a.m. CSTs	<input type="text" value="0"/>
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" value="0"/>
Total 6:00 p.m. to 11:35 p.m. CSTs	<input type="text" value="0"/>
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="88"/>
Total 5:00 p.m. to 10:35 p.m. CSTs	<input type="text" value="182"/>
Comments: <input type="text"/>	

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="1"/>
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="52"/>	<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.

Yes No

Comments:

IN ADDITION, OUR MULTICAST MY NETWORK AFFILIATE STATION, KLAF BROADCAST 741 DTV PSA'S BETWEEN 5AM AND 1AM AND 368 CST'S BETWEEN 5AM AND 1AM, OCTOBER 1-DECEMBER 31, 2008.

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:

IS YOUR TV DTV? CAN YOUR ANTENNA-SOURCED TELEVISION RECEIVE KADN-DT 15.1 AND MY KLAF TV 15.2? ON FEBRUARY 17, 2009, MOST ACADIANA-AREA TELEVISION STATIONS, INCLUDING FOX 15, WILL BEGIN BROADCASTING EXCLUSIVELY IN DIGITAL. MAKE SURE

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:

Community Events

Comments:

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.

Comments:

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 PROGRAM DIRECTOR
Signature VIKKI V. CHAPMAN	Date (mm/dd/yyyy) 01/01/2009

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