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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0113 (March 2003) | FOR FCC USE ONLY |
| FCC 396 | | |
| BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT (To be filed with broadcast license renewal application) | | FOR COMMISSION USE ONLY FILE NO. B396 - 20060421ABS |
| Read INSTRUCTIONS Before Filling Out Form | | |

Section I

| | | |
|---|---|---------------------|
| Legal Name of the Licensee GEORGE V. YOUNG DBA CENTRAL STATES COMMUNICATIONS | | |
| Mailing Address 1575 SO. ROADRUNNER LANE | | |
| City CAMP VERDE | State or Country (if foreign address) AZ | Zip Code 86322 - |
| Telephone Number (include area code) 9285673433 | E-Mail Address (if available) | |
| | Facility ID Number 9959 | Call Sign K18DD |

| | | |
|--|---|--|
| TYPE OF BROADCAST STATION: (if applicable) | Commercial Broadcast Station <input type="radio"/> Radio <input type="radio"/> TV <input checked="" type="radio"/> Low Power TV <input type="radio"/> International | Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV |
|--|---|--|

Application Purpose

New Program Report
 Amendment to Program Report

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

[Stations Locations]

Station List

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time

brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) | Time Brokerage Agreement (check applicable box) |
|-----------|--------------------|---|-----------------------|---|
| K18DD | 9959 | <input type="radio"/> AM <input type="radio"/> FM <input checked="" type="radio"/> TV | CAMP VERDE, AZ | <input type="radio"/> Yes <input checked="" type="radio"/> No |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) | Time Brokerage Agreement (check applicable box) |
|-----------|--------------------|---|-----------------------|---|
| K19FD | 128513 | <input type="radio"/> AM <input type="radio"/> FM <input checked="" type="radio"/> TV | CAMP VERDE, AZ | <input type="radio"/> Yes <input checked="" type="radio"/> No |

CONTACT PERSON IF OTHER THAN LICENSEE

| | | | | |
|-----------------------|-------------|--------------------|----------------------------------|--|
| Name ROGER DOERING | | | Street Address 420 W ANGUS DR | |
| City CAMP VERDE | State AZ | Zip Code 86322- | Telephone Number 9285673530 | |

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 Yes No been 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 ROGER P. DOERING |
| Title VICE PRESIDENT / ENGINEER | Telephone No. (include area code) 9285673530 |
| Date 04/21/2006 | |

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without

regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

| | |
|-----------------------|------------------|
| Name: GEORGE V. YOUNG | Title: PRESIDENT |
|-----------------------|------------------|

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

| | |
|---|-------------|
| I. EEO PUBLIC FILE REPORT Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files. | [Exhibit 2] |
| II. NARRATIVE STATEMENT Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain. | [Exhibit 3] |

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 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-PERF, Paperwork Reduction Project (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@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 3060-0113.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Exhibits

Exhibit 2

Description: EEOP REPORTS FOR 2005 AND 2004

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554 APPROVED BY OMB
3060-0113 (MARCH 2003)
FCC 396
FOR FCC USE ONLY

BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT
(TO BE FILED WITH BROADCAST LICENSE RENEWAL APPLICATION)
READ INSTRUCTIONS BEFORE FILLING OUT FORM
FOR COMMISSION USE ONLY

FILE NO.

B396 - 20060417AAP

SECTION I

LEGAL NAME OF THE LICENSEE

GEORGE V. YOUNG DBA CENTRAL STATES COMMUNICATIONS

MAILING ADDRESS

1575 SO. ROADRUNNER LANE

CITY

CAMP VERDE STATE OR COUNTRY (IF FOREIGN ADDRESS)

AZ ZIP CODE

86322 -

TELEPHONE NUMBER (INCLUDE AREA CODE)

9285673433 E-MAIL ADDRESS (IF AVAILABLE)

FACILITY ID NUMBER

9959

CALL SIGN

K18DD

TYPE OF BROADCAST STATION:

(IF APPLICABLE)

COMMERCIAL BROADCAST STATION

RADIO

TV

LOW POWER TV

INTERNATIONAL

NONCOMMERCIAL BROADCAST STATION

EDUCATIONAL RADIO

EDUCATIONAL TV

APPLICATION PURPOSE
NEW PROGRAM REPORT
AMENDMENT TO PROGRAM REPORT

LIST CALL SIGN AND LOCATION OF ALL STATIONS INCLUDED ON THIS STATEMENT. LIST COMMONLY OWNED STATIONS THAT SHARE ONE OR MORE EMPLOYEES. ALSO LIST STATIONS OPERATED BY THE LICENSEE PURSUANT TO A TIME BROKERAGE AGREEMENT. INDICATE ON THE TABLE BELOW WHICH STATIONS ARE OPERATED PURSUANT TO A TIME BROKERAGE AGREEMENT. TO THE EXTENT THAT LICENSEES INCLUDE STATIONS OPERATED PURSUANT TO A TIME BROKERAGE AGREEMENT ON THIS REPORT, RESPONSES OR INFORMATION PROVIDED IN SECTIONS I THROUGH II SHOULD TAKE INTO CONSIDERATION THE LICENSEE'S EEO COMPLIANCE EFFORTS AT BROKERED STATIONS, AS WELL AS ANY OTHER STATIONS, INCLUDED ON THIS FORM. FOR PURPOSES OF THIS FORM, A STATION EMPLOYMENT UNIT IS A STATION OR A GROUP OF COMMONLY OWNED STATIONS IN THE SAME MARKET THAT SHARE AT LEAST ONE EMPLOYEE.

CONTACT PERSON IF OTHER THAN LICENSEE NAME
ROGER DOERING STREET ADDRESS
420 W ANGUS DR

CITY
CAMP VERDE STATE
AZ ZIP CODE
86322- TELEPHONE NUMBER
9285673530

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 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)?
YES NO

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.

DOES YOUR STATION EMPLOYMENT UNIT EMPLOY FEWER THAN FIVE FULL-TIME EMPLOYEES?

CONSIDER AS 'FULL-TIME' EMPLOYEES ALL THOSE PERMANENTLY WORKING 30 OR MORE HOURS A WEEK.

YES NO

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

GEORGE V. YOUNG

TITLE

PRESIDENT TELEPHONE NO. (INCLUDE AREA CODE)

9285673433

DATE

8/1/2005

XX

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554 APPROVED BY OMB
3060-0113 (MARCH 2003)
FCC 396
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FILE NO.

B396 - 20040805AAO

SECTION I

LEGAL NAME OF THE LICENSEE

GEORGE V. YOUNG DBA CENTRAL STATES COMMUNICATIONS

MAILING ADDRESS

P.O. BOX 750

1575 SO. ROADRUNNER LANE

CITY

CAMP VERDE STATE OR COUNTRY (IF FOREIGN ADDRESS)

AZ ZIP CODE

86322 -

TELEPHONE NUMBER (INCLUDE AREA CODE)

9285673433 E-MAIL ADDRESS (IF AVAILABLE)

FACILITY ID NUMBER

9959

CALL SIGN

K18DD

TYPE OF BROADCAST STATION:

(IF APPLICABLE)
COMMERCIAL BROADCAST STATION
RADIO
TV
LOW POWER TV
INTERNATIONAL
NONCOMMERCIAL BROADCAST STATION
EDUCATIONAL RADIO
EDUCATIONAL TV

APPLICATION PURPOSE
NEW PROGRAM REPORT
AMENDMENT TO PROGRAM REPORT

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CONTACT PERSON IF OTHER THAN LICENSEE NAME
ROGER DOERING STREET ADDRESS
420 W ANGUS DR

CITY
CAMP VERDE STATE
AZ ZIP CODE
86322- TELEPHONE NUMBER
9285673530

FILING INSTRUCTIONS

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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.

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YES NO

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.

DOES YOUR STATION EMPLOYMENT UNIT EMPLOY FEWER THAN FIVE FULL-TIME EMPLOYEES?

CONSIDER AS 'FULL-TIME' EMPLOYEES ALL THOSE PERMANENTLY WORKING 30 OR MORE HOURS A WEEK.

YES NO

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.

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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

GEORGE V. YOUNG

TITLE

OWNER TELEPHONE NO. (INCLUDE AREA CODE)

9285673433

DATE

8/5/2004

XX

FEDERAL COMMUNICATIONS COMMISSION
 WASHINGTON, D.C. 20554 APPROVED BY OMB
 3060-0113 (MARCH 2003)
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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

GEORGE V. YOUNG

TITLE

PRESIDENT TELEPHONE NO. (INCLUDE AREA CODE)

9285673433

DATE

8/1/2003

Attachment 2

Exhibit 3**Description:** MINORITY OUTREACH PROGRAM OF K18DD

K18DD AND K19FD EMPLOY FEWER THAN FIVE EMPLOYEES AND THEREFORE ARE EXEMPT FORM THIS REQUIREMENT. HOWEVER, CENTRAL STATES COMMUNICATIONS, OWNER OF K18DD AND K19DD HAS EMPLOYED PERSONS OF A MINORITY CLASS ON A PART TIME BASIS WHERE THERE WAS WORK TO BE DONE WHICH THEY HELD THE NEEDED JOB SKILLS TO DO THE WORK AND WHEN THERE WERE POSITIONS OPEN. THERE HAS BEEN NO DISCRIMINATION BASED UPON MINORITY CLASS.

Attachment 3
