

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY
<b>FCC 317</b>		
<b>ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS</b>		FOR COMMISSION USE ONLY FILE NO. BAFDDT - 20121115AHF
Read <a href="#">INSTRUCTIONS</a> Before Filling Out Form		

**Section I - General Information**

1.	Legal Name of the Licensee or Permittee NPG OF IDAHO, INC.		
	Mailing Address 825 EDMOND STREET		
	City ST. JOSEPH	State or Country (if foreign address) MO	ZIP Code 64501 -
	Telephone Number (include area code) 8162718505	E-Mail Address (if available)	
	FCC Registration Number: 0013866462	Facility ID Number 168290	Call Sign K21JC-D
2.	Contact Representative (if other than Licensee or Permittee) ROBERT LEWIS THOMPSON	Firm or Company Name SMITHWICK & BELENDIUK, P.C.	
	Telephone Number (include area code) 2023634050	E-Mail Address (if available) BTHOMPSON@FCCWORLD.COM	
3.	<p><b>For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?</b></p> <p>If "No," complete Question 7 and submit this Report to the Commission.</p> <p>If "Yes," proceed to Questions 4 through 7.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
4.	<p><b>Ancillary/Supplementary Services Provided.</b> Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">Services Provided</p>		
5.	Total amount of gross revenues derived from feeable ancillary or supplementary services:	\$	
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
7.	<p><b>Certification.</b> I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete.</p>		
	Typed or Printed Name of Person Signing LYLE LEIMKUHLER	Typed or Printed Title of Person Signing VICE PRESIDENT	
	Signature	Date 11/15/2012	