

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY
FCC 317		
ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS		FOR COMMISSION USE ONLY FILE NO. BAFDDT - 20121115AHN
Read INSTRUCTIONS 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 184149	Call Sign K27KP-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. 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? If "No," complete Question 7 and submit this Report to the Commission. If "Yes," proceed to Questions 4 through 7.		<input type="radio"/> Yes <input checked="" type="radio"/> No	
4. Ancillary/Supplementary Services Provided. 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Services Provided</td> </tr> </table>			Services Provided
Services Provided			
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 type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	
7. Certification. 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.			
Typed or Printed Name of Person Signing LYLE LEIMKUHNER		Typed or Printed Title of Person Signing VICE PRESIDENT	
Signature		Date 11/15/2012	

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,