### FCC 388
DTV Quarterly Activity Station Report

**Licensee**
NORTHERN MICHIGAN UNIVERSITY BOARD OF TRUSTEES

**Call Sign**
WNMU

**Facility Id**
4318

**Previous Call Sign (if applicable)**

**Community of License**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARQUETTE</td>
<td>MI</td>
<td>MARQUETTE</td>
<td>49855</td>
</tr>
</tbody>
</table>

**Nielsen DMA**
MARQUETTE

**World Wide Web Home Page Address**
WWW.WNMUTV.NMU.EDU

**Licensee Renewal Expiration Date (mm/dd/yyyy)**
10/01/2013

**Channel Numbers:**

- Analog
- Digital 33

- Report reflects information for quarter ending: 03/31/2009

- Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?
  - Option One (A and D)
  - Option Two (B and D)
  - Option Three (C and D)

- Over the past quarter, have you fully complied with the requirements of this option?  Yes  No

**Simulcasting:**

- Are you simulcasting on your Analog channel and your primary Digital stream?  Yes  No

**Application Purpose:**

- DTV Education Report
- Amendment

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

**Section C (For Noncommercial broadcasters only)**

- On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

- Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?  Yes  No

**30 Minute Educational Programs - Last Quarter**

How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to June 12, 2009.
**Total number of 30 Minute Informational Programs**  
5

**Comments:**  

### Section D (For all broadcasters)

#### Additional DTV On-air Initiatives - Last Quarter

<table>
<thead>
<tr>
<th>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.</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

#### Station Website Additional Activity Related to the DTV Transition - Last Quarter

<table>
<thead>
<tr>
<th>Does your station have a Website?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

**Provided downloadable PDF version of our updated DTV newsletter. Published online DTV update articles in January, February and March; provided an FAQ with answers to questions about DTV. Also provide answers to questions from the public via email at special-purpose email address for DTV information.**

#### 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:**  
  PUBLISHED DTV UPDATE ARTICLES IN PRINTED MEMBER GUIDE IN JANUARY, FEBRUARY AND MARCH ISSUES. DISTRIBUTED PRINTED UPDATED DTV NEWSLETTER VIA MAIL ON REQUEST, VIA DOWNLOAD.

**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.

<table>
<thead>
<tr>
<th>Typed or Printed Name of Person Signing</th>
<th>Typed or Printed Title of Person Signing</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERESA NEASE</td>
<td>SECRETARY OF BOARD OF TRUSTEES</td>
</tr>
</tbody>
</table>

Signature
THERESA NEASE
Date (mm/dd/yyyy)
04/09/2009

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).

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