

Control Number: 30240



Item Number: 345

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FCC 395

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

		со	MMON	CARR	IER AN	INUAL	EMPLO	OYMEN	TREP	ORT		bires: 02/2 ne per res 1 hour		
	[F	Please rea	id instruc	tions bef	ore comp	pleting ar	d for Not	ice regar	ding pub	lic burde	n.]	1. 		
SECTION I - Ger													<del>مسم</del> ۲. ۲. ۲.	
1. Name and Mai	iling Add	ress of R	esponde	nt								25		
MUENSTER 7 dba NORTEX 205 N WALM P O BOX 58 MUENSTER 7	K COMP NUT SI 37	<b>UNICA</b>		TION C	)F TEX	AS					thi	eck berg s is a ch address	iange 🗧	
2. Year Report Fi	iled 3	3. Report Period	ing Perio Covered			Pay		ber of Fu orting Pe			es during	Selected		
a. E Fewer than 16 (complete Sections I, V, b. XXX16 or more (complete all sections)									/, and VI o	only)				
SECTION II - Ful	I-Time E	mployee	s. Cons	ider as fu	III-time e	mployee	s all those	e working	30 hour	s or more	e per wee	ək.		
		L EMPLOY				MALE					FEMALE			
				MINO	RITY-GRO	UP EMPLO	YEES	ļ	MINORITY-GROUP EMPLOYEES					
JOB CATEGORY	TOTAL	MALE	FEMALE	Black, not of Hispanic Origin	Asian or Pacific Islander	Native Americar	Hispanic	White, not of Hispanic Origin	Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	White, not of Hispanic Origin	
Officials and Managers	8	7	1					7					1	
Professionals	4	3	1					3					1	
Technicians	8	4	4					4			ļ		4	
Sales	5	2	3					2					3	
Office and Clerical	11		11										11	
Craft Workers (skilled)	10	10	-					10						
Operatives (semiskilled)		_	_											
Laborers (unskilled)	1	1	_				1						_	
Service Workers	1.	_	1				_	-					1	
TOTAL	48	27	21				1	26					21	
Previous Year's Total (if any)	51	28	23				1	27					23	

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Approved by OMB 3060-0076

SECTION III - Par	rt-Time E	Employe	es										
	ALL EMPLOYEES			MALE					FEMALE				
JOB CATEGORY				MINORITY-GROUP EMPLOYEES					MINORITY-GROUP EMPLOYEES				
	TOTAL	MALE	FEMALE	Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	White, not of Hispanic Origin	Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	White, not of Hispanic Origin
Officials and Managers													
Professionals													
Technicians													
Sales	1	-	1								[		1
Office and Clerical				-									
Craft Workers (skilled)													
Operatives (semiskilled)				,									 
Laborers (unskilled)													
Service Workers													
TOTAL	1	_	1										1
Previous Year's Total (if any)	0	0	0										0

SECTION IV - On-the-Job Trainees. Report only employees enrolled in formal on-the-job training programs. The data below shall be also included in the figures for the appropriate occupational categories in Sections II and III.

	ALL EMPLOYEES			MALE					FEMALE				
JOB CATEGORY				MINORITY-GROUP EMPLOYEES				MINORITY-GROUP EMPLOYEES					
	TOTAL	MALE	FEMALE	Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	White, not of Hispanic Origin	Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	White, not of Hispanic Origin
White Collar													
Production													

## SECTION V - Report of Discrimination Complaints Pursuant to 47 CFR 21.307, 22.321, and 23.55

This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

## **SECTION VI – Certification**

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Date 1	Typed or Printed Na	me of Person Signing	Signature 🦯		Telephone No.
04-25-2005	ALAN L ROHM	ER	alant.	Cormer	940-759-2251
Title of Person Signing CHIEF FINANCIA	L OFFICER	IMPRISONMENT (18 U.	TEMENTS MADE ON S.C. 1001) AND/OR RE	THIS FORM ARE PUNISH EVOCATION OF ANY STA 1)) AND/OR FORFEITURE	TION LICENSE OR