

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20210217AAD

Section I - General Information

1.	Legal Name of the Applicant AMERICAN FAMILY ASSOCIATION		
	Mailing Address P.O. DRAWER 2440		
	City TUPELO	State or Country (if foreign address) MS	Zip Code 38803 -
	Telephone Number (include area code) 6628448888		E-Mail Address (if available) JES@AFA.NET
	FCC Registration No 0005025911	Call Sign KBCX	Facility ID Number 82866
2.	Contact Representative (if other than licensee/permittee) JESSICA HUCKABY		Firm or Company Name AMERICAN FAMILY ASSOCIATION
	Mailing Address PO DRAWER 2440		
	City TUPELO	State or Country (if foreign address) MS	ZIP Code 38803 -
	Telephone Number (include area code) 6628448888		E-Mail Address (if available) JES@AFA.NET
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations <input type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input checked="" type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4.	Community of License: City: BIG SPRING State: TX		
5.	Reason for going silent: <input checked="" type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request	[Exhibit 1]	
7.	Date Station has gone / will go silent: 02/14/2021 (mm/dd/yyyy)		
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.		<input checked="" type="radio"/> Yes <input type="radio"/> No

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing TIMOTHY WILDMON	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 02/17/2021

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).

Exhibits

Exhibit 1

Description: REQUEST JUSTIFICATION

AMERICAN FAMILY ASSOCIATION HEREBY GIVE NOTICE KBCX(FM) BIG SPRING, TX, WENT OFF THE AIR THE WEEKEND OF FEBRUARY 14, 2021 DUE TO AN ICE STORM RESULTING IN THE COLLAPSE OF TOWER. AFA IS WORKING ON LOCATING ANOTHER TOWER AND WILL FILE PAPERS ACCORDINGLY.

Attachment 1
