

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Request to Extend STA		FOR COMMISSION USE ONLY
Read Instructions/FAQ before filling out form		FILE NO. -

Section I - General Information

1.	Legal Name of the Applicant MT COMMUNICATIONS LLC		
	Mailing Address 501 E. 88TH APT. 20A		
	City NEW YORK	State or Country (if foreign address) NY	Zip Code 10128 -
	Telephone Number (include area code) 9702594444		E-Mail Address (if available) WARD@FRONTIER.NET
	FCC Registration No 0015716566	Call Sign KRDS	Facility ID Number 189487
2.	Contact Representative (if other than licensee/permittee) BRENDAN BANAHAH		Firm or Company Name MT COMMUNICATIONS LLC
	Mailing Address 501 E. 88TH APT. 20A APT. 20A		
	City NEW YORK	State or Country (if foreign address) NY	ZIP Code 10128 -
	Telephone Number (include area code) 9702594444		E-Mail Address (if available) WARD@FRONTIER.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 type="radio"/> Request for Silent STA		
	<input checked="" type="radio"/> Request to Extend STA Previous File Number: BLSTA - 20150713ACG		
	<input type="radio"/> Resumption of Operations		
4.	Community of License: City: SILVERTON State: CO		
5.	Reason for going silent:		
	<input type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing		
	<input type="radio"/> Program Source <input checked="" type="radio"/> Other		
6.	Please provide a justification for the request	[Exhibit 2]	
7.	Date Station has gone silent: 7/13/2015 (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 WARD S HOLMES	Typed or Printed Title of Person Signing WARD S HOLMES
Signature	Date (mm/dd/yyyy) 10/26/2016

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 2

Description: LEASING AGRREMENT FINALIZED AND READY TO PROCEED

WE HAVE SECURED A NEW LOCATION AND ARE PROCEEDING WITH RELOCATION OF THE FACILITY. PARTS AND EQUIPMENT WERE ORDERED AND ARE NOW ON BACK ORDER. WE HOPE TO PROCEED IN THE NEXT FEW WEEKS BARRING ANY OTHER DELAYS. ENGINEERING FILING SHOULD BE DONE IN THE NEXT TWENTY DAYS.

Attachment 2
