

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

RECEIVED

2014 JUL 24 A 5:55
A/DIVISION

In re

New FM Construction Permit
Twentynine Palms, California

)
)
)
)

File No. BNP-20110630AJD
Facility ID #189522

ACCEPTED/FILED

JUL 22 2014

Federal Communications Commission
Office of the Secretary

TO: The Secretary
ATTN: Chief, Audio Division
Media Bureau

REQUEST FOR TOLLING OR EXTENSION OF
CONSTRUCTION PERMIT

Respectfully submitted,

VIRTUES COMMUNICATIONS
NETWORK, LLC
P.O. Box 215
Kings Park, New York 11754
(631) 935-3995

Request for Extension – Toll – Death of my Sister

7/16/14

Marlene H. Dortch

Federal Communications Commission

445 12th Street, SW Washington, DC 20554

Tragic death of my Sister Wilma Rutkowki:

Auction 91 Permit wins

BNPH-20110630AJB Hanapepe, HI.

BNPH-20110630AJD Twenty-nine Palms, CA.

Dear FCC Chairperson,

I am Maurice Vargas of Virtues Communications Network.

I purchased two FM Construction Permits in Auction 91 in 4/27/2011 to 5/11/2011

I would like to build out these Permits into full power Radio Stations, but I have faced some unforeseen and uncontrollable events.

I have suffered a series of accidents, resulting in a concussion that took me out of commission for a month, and a knee injury that put me on crutches for 3 and half months. (Attached medical Records)

And this month my **Sister died**. She was having hard time breathing, and they rushed her to the hospital and at 7:01 PM she died. I still have to have the memorial next month and to cope with her passing. She and I were the last two left in the family and now I am the only one left. (Attached Death Record). My other sister Norma died of Cancer, and my three brothers also died. Nan of heart attack, Eddy of breathing problems, and Pop, of a hemorrhage in the brain. Right now it is too much for me and I need respite from all these tragedies. This is not to mention the death of my secretary in a fatal car accident during the hurricane – she was my right hand in helping me in my projects.

Since I am the Engineer also building it, I won't be able to do so before the deadline in light of my losses.

I don't want to lose my investment of over \$100,000 in my two construction permits. Please grant me an extension or toll.

I need an additional 36 months to recuperate from these losses to make things work. If not 36 months, 18 months would be much appreciated. I need to move location since original location is inaccessible by car and only by helicopter. With my leg injury I won't be able to climb great heights needed for this type of engineering work. I also had a car accident this past week.

Thank you for your kind and compassionate response.

Please see the **Attached Death Record for my sister**. The official Death Certificate will take 6 weeks before available.

Attached is also a copy of her Birth Certificate - Same last name – and Employee Retirement – showing the connection between both of us. She as my sister. And a Copy of my Birth Certificate – Same Last name and parents.

Sincerely,


Maurice Vargas - Virtues Communications Network LLC.

PO Box 215 Kings Park, NY 11754

631-935-3996 virtuescommunications@yahoo.com

**My Sister's Record of
Death this month July
2014**

**Copy of Birth Certificates
– hers and Mine – Same
last name & Parents
Sister's Retirement Death
Benefit letter written to
me**

RUTKOWSKI, WILMA ANDREA

****47296

1 of 1



Record of Death

V: 0230402 M: 000247296
RUTKOWSKI, WILMA INPATIENT
DOB: 11/30/1936 77y Female 07/01/2014 03:16
SHAW, AMAN 014 MEDICAL
Patient Identification

Patient pronounced dead at 1904 Time 7/1/14 by Le Name
Diagnosis (if known): Immediate cause of death (if known):

Justice of the Peace Criteria: Case reported to J.P. ☒ Yes ☐ No Autopsy ordered ☐ Yes ☒ No
MD will sign Death Certificate? ☒ Yes ☐ No Name of MD Vaught
☒ Death within 24 hours following admission, including patients "Dead on Arrival."
☐ Death is or is suspected to be, accidental, suicidal, or homicidal.
☐ Anesthetic deaths, incl. those under initial induction & who do not regain consciousness following anesthesia.
☐ Deaths that occur (during, or) as a result of any diagnostic or therapeutic procedure in the hospital.
☐ Any death where the disease process responsible is either work-related or suspicious of being aggravated or accelerated at work.
☐ Stillbirths and neonatal deaths when maternal injury has occurred or is suspected either prior to admission or during delivery.
☐ Maternal deaths, whether during or following delivery, including any deaths where abortion is suspected.
☐ Deaths where the attending physician has no adequate or reasonable explanation of the cause of death.
☐ Death of a child younger than (6) years of age (Exception: Motor Vehicle Crash).

If case should be reported, reported by: Name/Title: Jennifer Cobb Date: 7/1/14
Case released by JP? ☒ Yes ☐ No JP: R. H. Cooke Date: 7/1/14

Organ/Tissue Donation Inquiry Southwest Transplant Alliance (STA) at 1-800 201-0527:

Date of call: 7-1-14 Time of call: 1930
Contact #1: Lorel Reference #1: 381418
Contact #2: Reference #2:
☒ Medically unsuitable for donation. Reason provided by STA representative: age + c/o of death
☐ Medically suitable for donation.

Name of designated requestor from STA who offered option of donation to family:

Name and relationship of family member who was approached for consent:
Did family agree to donate? ☐ Yes ☐ No If yes, a consent form must be completed and placed in the patient's chart.

CMS & TDSHS Notifications Case reported to CMS & TDSHS ☒ Yes ☐ No Method: ☐ Call ☐ Fax ☐ Email
(Case must be reported to CMS & TDSHS by close of next business day.)

- ☐ Death occurs during restraint or seclusion
- ☒ Death occurs within 24 hours after removal from restraints or seclusion
- ☐ Death occurs within one week after restraints or seclusion where it is reasonable to assume that the use of restraints or seclusion directly or indirectly contributed to the death.

If case should be reported, reported by: Date: Time:

Permit for Removal of Body The hospital is hereby given permission to deliver the remains and effects of (name of deceased) W. Ma Rutkowski for preparation and burial.

Funeral home: Temple Mortuary Telephone: JP will call
Removal authorized by (family consenting): Kathleen (Cobb) Date/Time: 7/1/14 2015
Relationship to the deceased: daughter Telephone: 480-313-9484
Witness (Name/Title): Jennifer Cobb Date/Time: 7/1/14 2015
Body released to (Funeral Home Representative): Edie Brown Date/Time: 7-1-14 21:26

Name/Title of person completing form: Date/Time:
FORM #GAPCOC009

DEPARTAMENTO DE SALUD - REGISTRO DEMOGRAFICO
(DEPARTMENT OF HEALTH - DEMOGRAPHIC REGISTRY)

CERTIFICADO DE NACIMIENTO
(CERTIFICATE OF BIRTH)

NUMERO DE CERTIFICADO (CERTIFICATE NUMBER)
152-1936-00919-083007-2241033-04097662

NOMBRE DEL INSCRITO (NAME OF REGISTRANT)
WILMA ANDREA VARGAS VALLES

FECHA NACIMIENTO (BIRTHDATE)
30 NOV 1936

FECHA INSCRIPCION (REGISTRATION DATE)
05 DIC 1936

LUGAR NACIMIENTO (BIRTHPLACE)
PATILLAS, PUERTO RICO

SEXO (SEX)
F

NOMBRE DEL PADRE (FATHER'S NAME)
CATALINO VARGAS

EDAD (AGE)
29

LUGAR NACIMIENTO DEL PADRE (FATHER'S BIRTHPLACE)
PATILLAS, PUERTO RICO

NOMBRE DE LA MADRE (MOTHER'S NAME)
SANTOS VALLES

LUGAR NACIMIENTO DE LA MADRE (MOTHER'S BIRTHPLACE)
PATILLAS, PUERTO RICO

FECHA EXPEDICION (DATE ISSUED)
13 NOV 2013

ESTE ES UN ABSTRACTO DEL CERTIFICADO DE NACIMIENTO OFICIALMENTE INSCRITO EN EL REGISTRO DEMOGRAFICO DE PUERTO RICO BAJO LA AUTORIDAD CONFERIDA POR LA LEY 24 DEL 22 DE ABRIL DE 1931

THIS IS AN ABSTRACT OF THE BIRTH CERTIFICATE FILED WITH THE DEMOGRAPHIC REGISTRY OF PUERTO RICO ISSUED UNDER THE AUTHORITY OF LAW 24, APRIL 22, 1931

Francisco Javier Lopez
SECRETARIO DE SALUD
(SECRETARY OF HEALTH)



Departamento de Salud
Registro Demográfico
Pago/Paid
Colecturia Virtual
Transacción # **37640586**

DIRECTOR REGISTRO DEMOGRAFICO
(STATE REGISTRAR)

NUMERO **D5516893**

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Nº 139419

1. PLACE OF BIRTH

County Philadelphia

Township _____

Borough _____

City Philadelphia

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATION OF BIRTH

File No. 236321-60

Date Filed 12-21 19 60

2. Date of Birth 12-16 19 60
(Month, day, year)

3. Name of Child Maurice Joseph Vargas 4. Sex male

5. Name of Father Catalino Vargas

6. Maiden Name of Mother Santos Valles

This is to certify, that this is a correct copy of a birth certificate as filed in the Vital Statistics office, Pennsylvania Department of Health, Harrisburg.

J. Taylor Keller, M.D.
Secretary of Health

NOV 2 1973

Date Issued



July 2, 2014

Maurice Vargas
P.O. Box 215
Kings Park, NY 11754

Dear Mr. Vargas:

Please accept our condolences on the death of your sister, Wilma Rutkowski.

Her estate is entitled to a death benefit in the amount of \$5,000.00. There is a pro-rated final retirement allowance for 07/01/14 payable to the estate.

NOTE: A mandatory federal withholding of 20% will be deducted from the death benefit. You have the option of electing to have 2% of the death benefit withheld for California State Income Tax. **If you fail to make the election, 2% will be automatically withheld for California tax.** We have enclosed a Lump Sum Death Benefit Withholding Election form.

These benefits can only be paid upon receipt of the following document/s:

- A certified copy of the death certificate.
- A copy of the death certificate for Santos Vargas.
- A copy of authorization to handle her estate. →
- Please furnish us with the identification number of the estate. Failure to provide the identification number may result in a tax penalty.)

If you have any questions, please feel free to contact our office.

Sincerely,

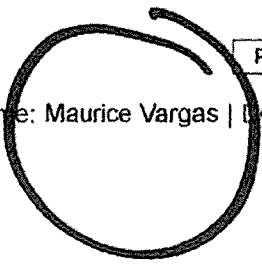
Jessica Irby
Retirement Counselor

enclosure

My Health Issues

Concussion – Dizziness,

**Injured Knee – Month's
on Crutches**

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Name: Maurice Vargas | DOB: 12/16/1960 | MRN: 0002218028 | PCP: Doctor Nopcp, MD

DM MRI KNEE LT WO CON

Narrative

Facility: St Francis Hospital

Technique: Multiplanar imaging with and without fat suppression

history: Pain after twisting injury 2 weeks ago

Findings:

PCL intact. ACL mucoid degeneration without tear. Medial collateral ligament intact the lateral complex intact. Popliteus intact

Horizontal tear undersurface poster horn medial meniscus. Tear extends to the capsular margin in junction with the body.

No tear lateral meniscus. Normal morphology

Patella tendon intact. Quadriceps intact. Joint effusion. Popliteal cyst rupture.

Interstitial tear medial gastrocnemius at the insertion on the femur. No fracture. No contusion

Impression:

Medial meniscal tear

Interstitial tear and degeneration medial gastrocnemius at the femur with bursitis

Joint effusion

Popliteal cyst with rupture

Component Results

There is no component information for this result.

Maurice Vargas
12/4/2013 4:44 PM Hospital Encounter

Description: **Male DOB: 12/16/1960**
Provider: **Patricia Tassinari, MD**
Department: **BISHOP MCHUGH - SFH**

Reason for Visit

Concussion

Pt here for follow up on concussion feels better

Diagnoses this Visit

History of kidney stones - Primary

H/O post-traumatic headache

Vital Signs/Measurements - Last Recorded

BP	Pulse	Temp(Src)	Resp	Weight	BMI
110/74	76	98.8 °F (37.1 °C) (Oral)	16	72.576 kg (160 lb)	25.82 kg/m2

Allergies as of 12/4/2013

No Known Allergies

Medications and Orders

Instructions

Recheck fasting physical May 2014
Continue healthy diet and exercise
Call for urine results 1 week

Patient Education

Learner: patient

Educated on: healthy lifestyle

Readiness: acceptance

Method: explanation

Response: demonstrated understanding

Administrations This Visit

None

Orders placed at this visit

Urine culture

Urinalysis

Goals as of 12/4/2013

None

Immunizations administered on date of encounter - 12/4/2013

None

Result Summary

Problem List

Date Reviewed: **12/4/2013**

Mild hyperlipidemia [12.1]

Priority

Class

6/12/2013 - Present

Maurice Vargas (IAR # 00 210628) DOB: 12/16/1960

Secretaries Death in Car Accident

CLASSIFIEDS: JOBS CARS HOMES APARTMENTS SHOPPING CLASSIFIEDS

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3:22 PM, Aug. 26, 2011

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In this Aug. 26, 2011 photo, emergency crews treat one of five people involved in a crash about 1 p.m. on westbound Route 50 in Salisbury. The crash claimed the life of a New York woman and seriously injured a child. Motorists, many of them using the roadway to evacuate Ocean City due to the coming hurricane, were detoured.

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A A

Written by
Deborah Gates
Staff Writer

FILED UNDER

Local News
NEWS

SALISBURY - A 78-year-old New York woman has died and an 8-year-old child clings to life after a three-vehicle crash Friday on congested westbound Route 50 near the Arthur W. Perdue stadium.

Ambrosina Buckley, a front seat passenger in a 2000 Mazda sedan, was fatally injured in the crash that happened about 1 p.m. Friday along westbound Route 50 - the route traveled by most motorists leaving Ocean City-area resorts to escape Hurricane Irene.

The 8-year-old from New York, a rear passenger in the Mazda, is hospitalized with life-threatening injuries, according to the MSP. Also injured is a ...

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My Car Accident this Month July 2014

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- Trash (15)
- > Folders (942)
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Your GEICO Claim Details for Claim# 0179101720101154

geico_claims@geico.com
To: Me

Your GEICO Claim Details

Dear Maurice J Vargas,

We're sorry to hear of the incident in which you were recently involved. We are here to make the claim process as easy as possible for you.

View your claim on geico.com to schedule/reschedule your inspection, view your estimate and payments, fill out forms, upload documents, contact us, and much more.

[View Your Claim](#)



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Your GEICO Claims Team

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