

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 183335

Description: BEAUMONT K299BN RESUMPTION OF OPERATIONS

Successfully filed at May 18 2015 5:47PM

Based on the information supplied, no fee is required.

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

Section I - General Information

1.	Legal Name of the Applicant E-STRING WIRELESS, LTD			
	Mailing Address 24018 MIDDLE FORK			
	<table border="1"> <tr> <td>City SAN ANTONIO</td> <td>State or Country (if foreign address) TX</td> <td>Zip Code 78258 -</td> </tr> </table>	City SAN ANTONIO	State or Country (if foreign address) TX	Zip Code 78258 -
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	<table border="1"> <tr> <td>Telephone Number (include area code) 8309807111</td> <td>E-Mail Address (if available) BRETHUGG@AOL.COM</td> </tr> </table>	Telephone Number (include area code) 8309807111	E-Mail Address (if available) BRETHUGG@AOL.COM	
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	<table border="1"> <tr> <td>Call Sign K299BN</td> <td>Facility ID Number 156318</td> </tr> </table>	Call Sign K299BN	Facility ID Number 156318	
Call Sign K299BN	Facility ID Number 156318			
2.	Contact Representative (if other than licensee/permittee) HARRY C. MARTIN			
	Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC			
	Mailing Address 1300 NORTH 17TH STREET 11TH FLOOR			
	<table border="1"> <tr> <td>City VIRGINIA</td> <td>State or Country (if foreign address) VA</td> <td>ZIP Code 22209 -</td> </tr> </table>	City VIRGINIA	State or Country (if foreign address) VA	ZIP Code 22209 -
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	<table border="1"> <tr> <td>Telephone Number (include area code) 7038120415</td> <td>E-Mail Address (if available) MARTIN@FHHLAW.COM</td> </tr> </table>	Telephone Number (include area code) 7038120415	E-Mail Address (if available) MARTIN@FHHLAW.COM	
Telephone Number (include area code) 7038120415	E-Mail Address (if available) MARTIN@FHHLAW.COM			
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 type="radio"/> Request to Extend STA			
	<input checked="" type="radio"/> Resumption of Operations			
4.	Community of License: City: BEAUMONT State: TX			
5.	Date station went silent: 2/9/2015			
6.	Date station commenced operation: 5/18/2015 (mm/dd/yyyy)			
7.	Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)			
	[Exhibit 3]			

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 BRET D. HUGGINS	Typed or Printed Title of Person Signing PRESIDENT OF SOLE GENERAL PARTNER
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Signature	Date (mm/dd/yyyy) 5/18/2015
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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 3

Description: NATURE OF OPERATIONS

THE STATION RESUMED OPERATIONS WITH THE FACILITIES SPECIFIED IN BPFT-20150113ABY AS COVERED BY BLFT-20150518AFF.

Attachment 3
