Response



## Federal (REFERENCE COPY - Not for submission) Commission DTX ( Lease and LOTA). Associations to a strength of the second sec

Section

### DTV Legal STA Application

Question

File Number: 0000107786		Submit Date: 03/12/2020		Call Sign: <b>KPDX</b>		Facility ID: 35	460	FRN: 0018223693	State:
Washington	City: VAN	City: VANCOUVER							
Service: DTV	Purpose:	egal STA	Status: Super	ceded	Status Date	: <b>07/14/2020</b>	Filing	Status: InActive	

General
Information

# Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Legal STA	MGT	\$200.00
	Total	\$200.00

#### Applicant Name, Type, and Contact Information

### Applicant Information

Applicant	Address	Phone	Email	Applicant Type
KPTV-KPDX BROADCASTING CORPORATION	Joshua Pila 1716 LOCUST STREET DES MOINES, IA 50309 United States	+1 (515) 284- 3000	RegAffairs@meredith. com	Corporation

#### **Authorization Holder Name**

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	Christina Burrow Cooley LLP	Christina Burrow 1299 Pennsylvania Ave., NW Suite 700 Washington, DC 20004 United States	+1 (202) 776-2687	cburrow@cooley.com	Legal Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	35460
		State	Washington
		City	VANCOUVER
		DTV Channel	30
		Designated Market Area	Portland OR
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	2

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Patrick McCreery President, Local Media Group
			03/12/2020

Attachments	File Name	Uploaded By	Attachment Type	Description
	KPDX STA Exhibit.pdf	Applicant	General Information	Request for STA