

(REFERENCE COPY - Not for submission)

# Resumption of Operations of a DTV Station Application

File Number: 0000024490 Submit Date: 05/08/2017 Call Sign: **KPIF** Facility ID: 86205 FRN: 0026720714 State:

Idaho City: POCATELLO

Service: DTV Purpose: Resume Operations Status: Received Status Date: 05/08/2017 Filing Status: InActive

# General Information

Section	Question	Response

# Applicant Information

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

Applicant	Address	Phone	Email	Applicant Type
POCATELLO CHANNEL 15, L.L.C. Doing Business As: POCATELLO CHANNEL 15, L.L.C.	KEVIN BAE 3654 WEST JARVIS AVENUE SKOKIE, IL 60076 United States	+1 (847) 674-0864	kevinbae@kmcommunications.com	Limited Liability Company

#### **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 Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Clarence M Beverage	PO Box 1130	+1 (856) 985-	cbeverage@commtechrf.	Technical
BROADCAST ENGINEERING	Marlton, NJ 08053	0077	com	Representative
CONSULTANT	United States			
Communications Technologies, Inc.				
AARON P SHAINIS	AARON P. SHAINIS	+1 (202) 293-	AARON@S-PLAW.	Legal
FCC COUNSEL	1850 M STREET,	0011	COM	Representative
SHAINIS AND PELTZMAN,	NW			
CHARTERED	SUITE 240			
	WASHINGTON, DC			
	20036			
	United States			

### **Station Status**

Question	Response
Resuming Power Operations:	Full
Date Station Resumed Full Power	05/06/2017

# 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	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID  Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.  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).	
	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.	MYOUNG HWA BAE MANAGER 05/08/2017

### **Attachments**

File Name	Uploaded By	Attachment Type	Description
KPIF Resumption Exhibit.docx	Applicant	All Purpose	Return To Normal Operations