

Federal Communications Commission

### (REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	54414	Service: DCA	Call	WDEM-CD	Channel: 24 (UHF)
ID:			Sign:		
File	000002	8261			
Number:					
FRN: 002	6907345	Date	07/25		
		Submitted:	/2019		

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

#### Applicant Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC	RENEE ILHARDT PO Box 30th Floor New York, NY 10022 United States	+1 (954) 606- 5486	RILHARDT@HC2BROADCASTING. COM	Corporation

#### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information	Preparer Contact Name and Information					
	Applicant	Address	Phone	Email		
	The Preparer is same as the reimbursement contact.					

Broadcaster	Question	Response
Information and Transition Plan	Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
	Briefly describe transition plan	Remove existing antenna & transmitter. Install new antenna & transmitter. Power back up a new frequency.

Transmitters	Section	Question	Response
	Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

Primary	Existing Transmitter Information				
Fransmitter	Section	Question	Response		
	Existing Transmitter Description	Type of change	Purchase New		
		Use	Primary (Main)		
		Description of Use	N/A		
		Ownership	Owned		
		Owner	N/A		
		Site	N/A		
		Is this transmitter currently shared with another station?	No		
		Is this transmitter currently in operating condition?	Yes		
	Existing Transmitter	Manufacturer			
	Manufacturer and Type	Model	DTX100U		
		Year	2008		
		Туре	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power Capacity	.5 kW		

**Existing Transmitter Information** 

Primary	New Transmitter Costs				
Transmitter	Section	Question	Response		
	New Transmitter	Use	Primary (Main)		
		Change Type	Purchase New		
		Is this a request for upgraded equipment?	Yes		
		Manufacturer			
		Model	TRN-5X-U- 18-C		
	Transmitter Type	Solid State			
		Solid State Cooling	Air Cooled		
		Solid State Power capacity	3 kW		
		Justification for New Transmitter	Transmitter manufacturer is out of business so parts needed to re-tune existing device are not available.		

# Primary Other Transmitter Costs

Transmitter	Section	Question	Response
	Electrical Service	Service Entrance (3 phases 800A 208V)	No
		Switchgear (industrial 800 amp)	Yes
		Transformer (480V)	Yes
		Power	300 kVA
		Rigid Conduit and Wiring	Yes
		Size	1 inches
		Length	50.0 feet

	Other Electrical Service	Yes
	Description	Electrical circuit design, local permit filing and inspection for approval.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary	Other Transmitter Cost Not Listed			
Transmitter	Name	Description		
	Transport	Rig and hoist new transmitter to second floor install location.		

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary Antenna	Existing Antenna Information			
	Section	Question	Response	
	Existing Antenna Description	Type of change	Purchase New	
		Antenna Use	Primary (Main)	
		Description of Use	N/A	
		Ownership	Owned	
		Owner	N/A	
		Site	N/A	
		Is the existing antenna shared with another station or stations?	No	
		Is the existing antenna directional?	Yes	
		Is antenna in operating condition?	Yes	
		Is antenna located on or in close proximity to an antenna farm?	No	
	Existing Antenna Manufacturer and Type	Class	Class A	
		Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Horizontal	
		Туре	Slotted Coaxial	
		Number of Stations Supported	N/A	
		Number of Panels	N/A	
		Design power capacity in use	N/A	
		Lower Limit	N/A	
		Upper Limit	N/A	
		Other Antenna Type	N/A	
		ERP: (Effective Radiated Power)	1.05 kW	

Manufacturer	
Model B8UG	!
Year 2009	

Primary	New Antenna Costs			
Antenna	Section	Question	Response	
	New Antenna	Use	Primary (Main)	
	Description	Description of Use	N/A	
		Change Type	Purchase New	
		Is this a request for upgraded equipment?	Yes	
		Ownership	Owned	
		Owner	N/A	
		Is antenna shared?	No	
		Is antenna directional?	No	
		Will antenna be located on or in close proximity to an antenna farm?	No	
	New Antenna	Class	Class A	
	Manufacturer and Types	Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Circular	
		Туре	Slotted Coaxial	
		Number of Stations Supported	N/A	
		Number of Panels/Bays	N/A	
		Lower Limit	N/A	
		Upper Limit	N/A	
		Design power capacity in use	N/A	
		Other Antenna Type	N/A	
		ERP: (Effective Radiated Power)	1.5 kW	
		Manufacturer		
		Model	ATC-BCC4160- VO-24	
		Year	2017	

Justification for New Antenna	EXISTING
	ANTENNA
	MANUFACTURE
	IS OUT OF
	BUSINESS SO
	CANNOT RE-
	TUNE. NEED TO
	PURCHASE NEV
	ANTENNA TO
	CHANGE TO
	ASSIGNED
	FREQUENCY.

#### Other Antenna Costs

#### Primary Antenna

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

# Primary<br/>AntennaOther Antenna Cost Not ListedInformation not provided.

Transmission Seffien	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower	Section	Question	Response
Equipment And Rigging	Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes
Costs			

Primary Tower	Existing Tower			
	Section	Question	Response	
	Existing Tower Description	Type of change	Modify Existing	
		Tower Use	Primary (Main)	
		Description of Use	N/A	
		Ownership	Leased	
		Is this tower consider Complex?	No	
		Is this tower currently shared with any other stations?	Yes	
		One or more FM, AM or TV radio broadcaster(s)	Yes	
		Others Types of Users	No	
		Is tower documented for structural analysis?	Unknown	
		Is tower compliant with Rev G?	Unknown	
	Existing Tower Structure Registration	Do you have a tower registration number?	Yes	
		ASR Number	1040501	
	Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	39° 58' 16.0" N-	
		Longitude (NAD83)	083° 01' 40.0" W-	

Overall Structure Height	1028.53 fee
Support Structure Height	910.09 feet
Ground Elevation Above Mean Sea Level (AMSL)	720.14 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WBNS-TV, INC.
Date Constructed	06/30/1982

#### FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

Facility ID	Call Sign	Service
30244	WCLL-CD	DTV
71217	WBNS-TV	DTV
25037	WCOL-FM	FM

# Primary Tower Modification Costs

Tower

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

Primary Tower	Tower Rigging Costs			
	Section	Question	Response	
	Tower Rigging Costs	Complex Tower	N/A	
	Helicopter Services Required	Are helicopter services required?	No	

# Primary Other Tower Expenses Not Listed Name Description Installation Old Antenna Removal, New Antenna Mounting

Outside	Section	Question	Response
Professional	Services Costs Outside Project Management Services	Do you require outside project management services?	No
		Number of Hours	N/A
		Explanation	N/A
	Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
		Prepare engineering section of Form FCC Construction Permit Application	Yes
		For Auxiliary Facility	No
		For Main Facility	Yes
		Prepare engineering section of Form FCC License to Cover Application	Yes
		For Auxiliary Facility	No
		For Main Facility	Yes
		Prepare request for Special Temporary Authority	No
		Quantity	N/A
		Do you have Distributed Transmission System engineering services?	N/A
		Critical Facility	N/A
		Terrain-Shielded Facility	N/A
	Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
	Services	For Auxiliary Facility	No
		For Main Facility	Yes
		Prepare and file Form FCC License to Cover Application	Yes
		For Auxiliary Facility	No
		For Main Facility	Yes

	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Other Professional Services Expenses Not Listed Professional Services roopstsided.

Other	Section	Question	Response
Expenses	AM Pattern Disturbance	Is an Impact Study needed?	No
		Is Remediation needed?	No
	Facility Expenses	Name	N/A
		Other Distributed Transmission System Expenses Not listed	N/A
		Name	N/A
		Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
	Permit and Filing Costs	Local Zoning	No
		Non-zoning permits	No
		BLM or NFS Coordination	No
		FCC Construction Permit Minor Change	Yes
		FCC License to Cover Application	Yes
		FCC Special Temporary Authority Application	Yes
	Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
		Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
		Does this relocation require Equipment Storage?	No
		Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
		Does this relocation require MVPD Notification of a Channel Change?	Yes

# Other Expenses Not Listed

**Expenses** Information not provided.

#### Transmitters

#### Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TRN-5X-U-18- C	\$241,350.00	\$87,275.00		\$41,525.00	
Switchgear - industrial 800 amp	\$38,200.00	\$4,775.00	N/A	\$4,775.00	N/A
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	\$155,600.00	\$36,750.00	See attached quote from Anywave	\$36,750.00	N/A
Transformer 3 phase/480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A
Transport	\$7,500.00	\$7,500.00	N/A	N/A	N/A
1" Rigid Conduit and Wiring	\$750.00	\$750.00	N/A	N/A	N/A
Other Electrical Service: Electrical circuit design, local permit filing and inspection for approval.	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$241,350.00	\$87,275.00	N/A	\$41,525.00	N/A
Total for all systems	\$687,470.00	\$528,767.88	N/A	\$99,970.65	N/A

Description	File Name	
Switchgear - industrial 800 amp	Component Description: Amount:	Panel installation cost. #348417 \$4,775.00
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	Component Description: Amount:	Transmitter cost. #7272-01 \$36,750.00
Transformer 3 phase/480v - 300 KVA	Information not provided.	
Transport	Information not provided.	
1" Rigid Conduit and Wiring	Information not provided.	
Other Electrical Service: Electrical circuit design, local permit filing and inspection for approval.	Information not provided.	

#### Antennas

#### Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ATC- BCC4160-VO- 24	\$33,030.00	\$57,157.88		\$50,757.88	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$50,757.88	See attached quote from Kathrein	\$50,757.88	N/A
Sub-total	\$33,030.00	\$57,157.88	N/A	\$50,757.88	N/A
Total for all systems	\$687,470.00	\$528,767.88	N/A	\$99,970.65	N/A

Actual Information Description	File Name
Sweep test of existing antenna	Information not provided.

UHF - Lower Power Side Mount, Class A One Station antenna basic	Component Description:	Jumper cost. #185329
	Amount:	\$1,932.88
	Component Description:	Antenna cost
		50% balance.
		#185414
	Amount:	\$24,412.50
	Component Description:	Antenna cost
	Component Description.	50% down. #PO-
		0000024-INV
	Amount:	\$24,412.50
	Amount.	φ24,412.00

## Cost Transmission Line

Information Information not provided.

#### Tower Equipment and Rigging Costs

#### Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$256,800.00	\$235,000.00		\$4,500.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$4,500.00	N/A	\$4,500.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$210,500.00	N/A	N/A	N/A
Installation	\$20,000.00	\$20,000.00	N/A	N/A	N/A
Sub-total	\$256,800.00	\$235,000.00	N/A	\$4,500.00	N/A
Total for all systems	\$687,470.00	\$528,767.88	N/A	\$99,970.65	N/A

Actual Information	
Description	File Name

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Component Description: Amount:	Tower structural evaluation 50% down. #E-186343 \$2,250.00
	Component Description:	Tower structural evaluation 50% balance. #E-
	Amount:	186358 \$2,250.00
Tall Tower (greater than 500')	Information not provided.	
Installation	Information not provided.	

#### **Outside Professional Services**

#### Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$127,600.00	\$121,250.00		\$0.00	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$127,600.00	\$121,250.00	N/A	\$0.00	N/A
Total for all systems	\$687,470.00	\$528,767.88	N/A	\$99,970.65	N/A

#### Components

Information not provided.

#### **Other Expenses**

#### Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$28,690.00	\$28,085.00		\$3,187.77	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$1,777.77	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	\$1,410.00	N/A
MVPD Notification of Channel Change	\$250.00	\$250.00	N/A	N/A	N/A

Develop and air announcement of upcoming channel change	\$250.00	\$250.00	N/A	N/A	N/A
Sub-total	\$28,690.00	\$28,085.00	N/A	\$3,187.77	N/A
Total for all systems	\$687,470.00	\$528,767.88	N/A	\$99,970.65	N/A

Actual Information Description	File Name	
DTV Medical Facility Notification	Component Description: Amount:	Medical notification service. #INV- 001856 \$1,777.77
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
FCC Filing Fees - Special Temporary Authorization request	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
Equipment Delivery and Handling Charges	Component Description: Amount:	Antenna shipping cost. #185421 \$1,410.00
MVPD Notification of Channel Change	Information not provided.	

Develop and air	Information not provided.
announcement of upcoming	
channel change	

Cost Information	Grand Total				
		Predetermined Cost Estimate	Estimated Cost	Actual Cost	
	Total for all systems	\$687,470.00	\$528,767.88	\$99,970.65	

Reimbursem	entestiatus	Response
	The facility has ceased operating on its pre- auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	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), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.	
		<ol> <li>The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>The above-named</li> </ol>	
		entity acknowledges that all certifications and attached documentation are considered material representations.	
		3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

- 4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

entity is in fu with al rules, and go require which a pre-r obtain	oove-named certifies that it II compliance I statutes, regulations overnmental ements for compliance is requisite for ing the ents herein sted.	
an authorized	ler penalty of perjury, that I am I representative of the above- ant for the Authorization(s) ve.	Henry Turner Chief Operating Officer 07/25/2019

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol> <li>The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> </ol>	
		2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.	
		3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

- 4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
- 5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster **Relocation Fund are** necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

	The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the	
	payments herein requested.	
an aut namee	are, under penalty of perjury, that I am chorized representative of the above- d applicant for the Authorization(s) ied above.	Henry Turner Chief Operating Officer
		07/25/2019

#### Attachments

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