

(REFERENCE COPY - Not for submission) Full Power FM Restoration of License Operation Notification

File Number:0000239061Submit Date:02/15/2024Lead Call Sign:KTWBFacility ID:41972

FRN: 0002711737

Service: Full Power FMPurpose: Restoration of License Operation NotificationStatus: ReceivedStatus Date:02/15/2024Filing Status: Active

General Information	Section 0		Question				Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?				No		
Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant		Address		Phone Email			Applicant Type
	MIDWEST COMMUNICATIONS, INC.				+1 (715) 842- 1437	42- paul.rahmlow@mwcra com		COR
Contact Representatives (1)	Contact Name	Address		Phone		Email	Cont	tact Type
	John Neely , Esq .	4 Simms Co Kensington, United State	, MD 20895			johnsneely@yahoo.com		al Representative
Station Status	Section	Qı	uestion				Response	e
	Station Status D		Date the station Restored License Operation:				01/28/2024	

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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	John Neely FCC Counsel 02/15/2024

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KTWB resume operation at licensed power.docx	Applicant		Station Status	Done with Virus Scan and /or Conversion