

(REFERENCE COPY - Not for submission) Request for Silent Authority of an AM Station Application

File Number:BLSTA-20131105ADGSubmit Date:11/05/2013Lead Call Sign:KMBIFRN:0032158057Service:Full Power AMPurpose:Request for Silent STAStatus:DismissedStatus Date:12/18/2013Filing Status:Inactive

| General Information | Section | Ques | Question | | | Response | | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------|-------------------------|-----------|-------------------------|--|--|
| | | | re attachments (other than associated schedules) being led with this application? | | | | | | |
| Applicant Information | Applicant Name, Type, and Contact Information | | | | | | | | |
| Information | Applicant | | Address | Phone | Email | | Applicant Type | | |
| | THE MOODY BIBLE INSTITUTE OF CHICAGO Applicant Doing Business As: THE MOODY BIBLE INSTITUTE OF CHICAGO | | 820 NORTH LASALLE BOULEVARD CHICAGO, IL 606 United States | +1 (312) 329-4301 10 | JDSOUTHMA' COM | YD@MSN. | Company | | |
| Contact Representatives (1) | Contact Name | Address | | Phone | Email | | Contact Type | | |
| | JEFFREY D. SOUTHMAYD SOUTHMAYD & MILLER | 4 OCEAN RIDGE BOULEVARD SOUTH PALM COAST, FL 32137 United States | | +1 (386) 445- 9156 | JDSOUTHMAYD@MSN. COM | | Legal Representative | | |
| | | | | | | | | | |
| Station Status | Section | Ques | lestion | | | Respons | e | | |
| | Station Status | Date the station went/will g | | o silent: | | 11/05/201 | 3 | | |

Reason for going silent:

Technical

| 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. | ELIZABETH A.S. BROWN |

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|---------------------------------------|-------------|-----------------|---------------------------------------------|--------------------------------------------|
| <u>1587561_1153188.</u> <u>txt</u> | Applicant | All Purpose | REQUEST FOR STA TO TEMPORARILY GO SILENT | Done with Virus Scan and /or Conversion |