

(REFERENCE COPY - Not for submission) Request for Suspension of Operations of an AM Station Application

File Number: Submit Date: 04/24/2008 Lead Call Sign: KXLQ Facility ID: 70891

FRN: 0003766847

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Status Date: 04/25/2008 Purpose: Suspension of Operations Service: Full Power AM Status: Granted Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant

Applicant Name, Type, and Contact Information

Information	
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Applicant	Address	Phone	Email	Applicant Type
BIRACH BROADCASTING CORPORATION Applicant Doing Business As: BIRACH BROADCASTING CORPORATION	21700 NORTHWESTERN HWY. TOWER 14, SUITE 1190 SOUTHFIELD, MI 48075 United States	+1 (248) 557- 3500		OTH

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
LAUREN A. COLBY LAW OFFICE OF LAUREN A. COLBY	10 E. FOURTH STREET P.O. BOX 113 FREDERICK, MD 21705- 0113 United States	+1 (301) 663- 1086	LAC@LCOLBY. COM	Legal Representative

Station Status	Section	Question	Response
	Station Status	Date Station Suspended Operations:	

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.	SIMA BIRACH

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1243667_635694.</u> <u>txt</u>	Applicant	All Purpose	REASON FOR SUSPENSION	Done with Virus Scan and/or Conversion