

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

File Number: BLSTA-20170809AAZ		Submit Date: 08/09/2017	Lead Call Sign: V	ead Call Sign: WFLL		FRN: 0027617489	
Service: Full Power AM	Purpose: Request for Silent STA		Status: Granted	Status Date: 09/13/2017		Filing Status:	
Inactive		I	I				

General Information	Section	Question				Response	
	Attachments	Are attachments (other than associated so filed with this application?			chedules) being		
Applicant Information	Applicant Name, Type, a	nd Conta	ict Information	1	Phone	Email	Applicant Type
	ACM JCE IV B LLC Applicant		426 SOUTH RIVER ROAD TRYON, NC 28782				Company
Contact Representatives	Doing Business As: ACM JCE Contact Name	Addree	United States	Phone	Email		Contact Type
(1)	MILES S. MASON, ESQ. PILLSBURY WINTHROP SHAW PITTMAN LLP	STREET, NW 663-8195 MAS		MILES. MASON@PILLS COM	BURYLAW	Legal Representative	
Station Status	Section	Question		Response			
	Station Status	Date the station went/will go silent:				07/30/2017	
		Reason for going silent:				Other	

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.	MARK JORGENSON

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1764287_1461124.txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
	D:\data\prod\cdbs\letters\\78\A-1764287_F-67812_L- 78946-BLSTA-20170809AAZ.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion