

Filing Status: Inactive

(REFERENCE COPY - Not for submission) Request to Extend a Silent Authority of a Full Power AM Station Application

 File Number:
 BLESTA-20180625AAX
 Submit Date:
 06/25/2018
 Lead Call Sign:
 WATD
 Facility ID:
 19631

FRN: 0034545210

Service: Full Power AM Purpose: STA Extension Status: Granted Status Date: 07/06/2018

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

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------|---------------------------|----------------|
| MARSHFIELD BROADCASTING CO., INC. Applicant Doing Business As: MARSHFIELD BROADCASTING CO., INC. | 130 ENTERPRISE DRIVE MARSHFIELD, MA 02050 United States | +1 (781) 837-1166 | OLDETROLL@HOTMAIL. COM | ОТН |

Contact Representatives (1)

| Contact Name | Address | Phone | Email | Contact Type |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------|----------------------------------|-------------------------|
| ALLAN G. MOSKOWITZ, ESQ. ALLAN G. MOSKOWITZ, ESQ. | 10845 TUCKAHOE WAY ALLAN G. MOSKOWITZ, ESQ. NORTH POTOMAC, MD 20878 United States | +1 (301) 908-4165 | AMOSKOWITZ@AMOSKOWITZLAW. COM | Legal Representative |

Extension Request

| Section | Question | Response |
|-------------------|-------------------------------------------------|-----------|
| Extension Request | Reason for going silent: | Technical |
| | Please enter the new requested expiration date: | |

Certification

| Section |
|-------------------------------------|
| General Certification Statements |

| | 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. | EDWARD F. PERRY |

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|------------------------------------------------------------------------------------|-------------|-----------------|------------------------------------------|-------------------------------------------------|
| <u>1787366_1504676.txt</u> | Applicant | All Purpose | JUSTIFICATION FOR SILENT AUTHORITY | Done with Virus Scan and/or Conversion |
| D:\data\prod\cdbs\letters\\86\A-1787366 F- 19631 L-86488-BLESTA-20180625AAX.pdf | Internal | All Purpose | imported letter | Done with Virus Scan and/or Conversion |