

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

File Number: BLESTA-20210107AAD | Submit Date: 01/07/2021 | Lead Call Sign: KOBB | Facility ID: 55677

FRN: 0028315117

Service: Full Power AM Purpose: STA Extension Status: Granted Status Date: 03/04/2021 Filing Status: Inactive

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
RICHARD J. SAMSON AS RECEIVER Applicant Doing Business As: RICHARD J. SAMSON AS RECEIVER	310 WEST SPRUCE STREET MISSOULA, MT 59802 United States	+1 (406) 532- 1221	RJS@CSJLAW. COM	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
MATTHEW H. MCCORMICK, ESQ. FLETCHER, HEALD & HILDRETH, PLC	1300 N 17TH STREET SUITE 1100 ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	MCCORMICK@FHHLAW.	Legal Representative

Extension Request

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

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.).	

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.

RICHARD J. SAMSON

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1824213 1577396.txt</u>	Applicant	All Purpose	REASON FOR REQUEST	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\97\A-1824213 F-55677 L- 97589-BLESTA-20210107AAD.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion