

## (REFERENCE COPY - Not for submission) Request to Extend a Full Power AM Engineering STA Application

 File Number:
 BESTA-20101122AIM
 Submit Date:
 11/22/2010
 Lead Call Sign:
 KTWO
 Facility ID:
 11924

## FRN: 0030479497

 Service:
 Full Power AM
 Purpose:
 STA Extension
 Status:
 Dismissed
 Status Date:
 12/21/2010
 Filing Status:

 Inactive
 Inacti

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
		Is the applicant exempt from FCC regulatory Fees?	
	Waivers	Does this filing request a waiver of the Commission's rule (s)?	
		Total number of rule sections involved in this waiver request:	

Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant		Address		Phone	Email	Applicant Type
	TOWNSQUARE MEDIA CASPER LICENSE, LLC Applicant Doing Business As: TOWNSQUARE MEDIA CASPER LICENSE, LLC		C/O TOWNSQUARE MEDIA, INC. 240 GREENWICH AVENUE GREENWICH, CT 06830 United States		+1 (203) 861- 0900		OTH
Contact Representatives (1)	Contact Name	Address	Phone	Email			Contact Type
	HOWARD LIBERMAN DRINKER BIDDLE & REATH LLP	1500 K STREET, N. W. SUITE 1100 WASHINGTON, DC 20005 United States	+1 (202) 842- 8876	HOWAR LIBERM	RD. IAN@DBR.CO	М	Legal Representative
Extension Request	Section	Question			F	Respons	e
	Extension Request	Please enter the ne	w requested expirat	ion 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.).	
		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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	STEVEN PRICE

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1408714_910535.</u> <u>txt</u>	Applicant	All Purpose	EXHIBIT 13	Done with Virus Scan and/or Conversion
<u>1408714_910536.</u> <u>txt</u>	Applicant	All Purpose	CIRCUMSTANCES REQUIRING STA	Done with Virus Scan and/or Conversion