Approved by OMB (Office of Management and Budget) 3060-1206
March 2015

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Schedule 381 Certification

File Number: **0000002728** | Submit Date: **07/02/2015** | Call Sign: **K32DY-D** | Facility ID: **8309** | FRN: **0001547462** | State: **Oregon** | City: **MEDFORD`**

Service: **DCA** | Purpose: **Schedule 381 Certification** | Status: **Received** | Status Date: **07/02/2015** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CALIFORNIA OREGON BROADCASTING, INC. Doing Business As: CALIFORNIA OREGON BROADCASTING, INC.	PATRICIA C. SMULLIN PO Box 1489 MEDFORD, OR 97501 United States	+1 (541) 779-5555	cobiadmin@kobi5.com	Corporation

Authorization Holder Name

☐ Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
KARL D SARGENT *DIRECTOR OF ENGINEERING* CALIFORNIA OREGON BROADCASTING, INC.	KARL SARGENT PO Box 1489 MEDFORD, OR 97501 United States	+1 (541) 282-1217	ksargent@kobi5.com	Technical Representative
MARNIE K SARVER , ESQ . WILEY REIN LLP	MARNIE K. SARVER 1776 K STREET, NW WASHINGTON, DC 20006 United States	+1 (202) 719-4289	MSARVER@WILEYREIN.COM	Legal Representative

Schedule 381

Section	Question	Response
Database Certification	License File Number:	BLDTA-20150213ADA
	Licensee hereby certifies that it has reviewed its license authorization/construction permit and underlying Database Technical Information for its Eligible Facility as reflected in File Number BLDTA-20150213ADA and	it is accurate and complete to the best of its knowledge
Information on Licensed Facility	Transmitter Make:	Thompson
	Transmitter Model:	10 kW Analog
	Transmitter Maximum Power Output:	1.8
	Transmitter Type:	Tube
Licensee's Primary Antenna	Antenna Type:	Slot
	Is the licensee’s primary antenna capable of operating over multiple channels (e.g., broadband)?	No
	Is the licensee’s primary antenna shared?	No
	Antenna Location:	Side Mount
Licensee's Primary Transmission Line	Transmission Line Type:	Flexible
Antenna Support Structure	Year of last structural analysis conducted on the structure:	2007
	Under what structural standard was the last structural analysis conducted:	TIA 222-Revision F
	Does the licensee own this antenna support structure:	Yes

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 certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Karl D Sargent** *Director of Engineering* 07/02/2015

Attachments

Information not provided.