

## (REFERENCE COPY - Not for submission)

## **DTV Legal STA Application**

File Number: 00	00127064 Submit Date	e: 11/24/2020 Call	Sign: KMYS	Facility ID: 515	518 FRN: 0022238778	State:	
Texas City: KERRVILLE							
Service: DTV	Purpose: Legal STA	Status: Dismissed	Status Date:	03/02/2022 F	Filing Status: InActive		

General	Section	Question	Response
Information			
Fees, Waivers,	Section	Question	Response
and Exemptions	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
		Total number of rule sections involved in this waiver request:	

	Total	\$200.00	
Legal STA	MGT	\$200.00	
Application Type	Fee Code	Fee Amount	

## Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Deerfield Media (San Antonio) Licensee, LLC Doing Business As: Deerfield Media (San Antonio) Licensee, LLC	1776 Park Ave Suite 201 Park City, UT 84060 United States	+1 (435) 649-0045	scott. flick@pillsburylaw. com	Limited Liability Company

## **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 (1)	Contact Name	Address	Phone	Email	Contact Type
	<b>Scott R. Flick , Esq .</b> Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663- 8167	scott. flick@pillsburylaw.com	Legal Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	51518
		State	Texas
		City	KERRVILLE
		DTV Channel	32
		Designated Market Area	San Antonio
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	3

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) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		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.	<b>Stephen P. Mumblow</b> President of Licensee's Sole Member
			11/24/2020

Attachments	File Name	Uploaded By	Attachment Type	Description
	KMYS ATSC 3.0 Secondary Program Engineering.pdf	Applicant	General Information	
	Request for STA (KMYS) .pdf	Applicant	General Information	