

(REFERENCE COPY - Not for submission)

Withdrawal of Amendment to an Transfer

State: Massachusetts City: NEW BEDFORD Service: DTV Purpose: Transfer of Control Amendment Withdrawal 0000117589 Status: Withdrawn Status Date:	File Number: 00	00186357 Submit Date: 06/20/2023	Call Sign: WLNE-TV Facility	y ID: 22591 FR	RN: 0028489094		
Service: DTV Purpose: Transfer of Control Amendment Withdrawal 0000117589 Status: Withdrawn Status Date:	State: Massachusetts City: NEW BEDFORD						
	Service: DTV	Purpose: Transfer of Control Amen	dment Withdrawal 0000117589	Status: Withdra	awn Status Date:		
06/23/2023 Filing Status: Active	06/23/2023	Filing Status: Active					

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

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WLNE Providence License LLC	767 5th Avenue 12th Floor New York, NY 10153 United States	+1 (212) 257- 4701	legal@standgen. 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 (3)	Contact Name	Address	Phone	Email	Contact Type
	Michael Basile <i>Legal Representative</i> Cooley LLP	Michael Basile 1299 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004 United States	+1 (202) 776- 2556	mdbasile@cooley.com	Legal Representative
	Scott R. Flick Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663- 8167	scott. flick@pillsburylaw.com	Legal Representative
	Scott R. Flick <i>FCC Counsel</i> Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street NW Washington, DC 20036 United States	+1 (202) 663- 8167	scott. flick@pillsburylaw.com	Legal Representative

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.	Soohyung Kim Managing Member and CEO, Community News Media LLC
			06/20/2023

Attachments	File Name	Uploaded By	Attachment Type	Description
	CNM Withdrawal Exhibit.pdf	Applicant	All Purpose	Withdrawal