

## Federal Communications Communications COPY - Not for submission) Observed Name Observed Name

### Change Main Studio/Control Point Location

File Number: 00	00198588	Submit Date: 08/29/2022	Call Sign: WCSH	Facility ID: 39664	FRN: 0030521983	State:
Maine City:	PORTLAN	D				
Service: DTV	Purpose: C	Change Main Studio/Contr	ol Point Location	Status: Received	Status Date: 08/29/202	22
Filing Status: Ac	tive					

General	Section	Question	Response
Information	Main Studio Location Compliance	The main studio location complies with 47 C.F.R. Section 73.1125.	Yes

#### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TEGNA East Coast Broadcasting, LLC	Denise A. Branson, Sr. Paralegal 8350 Broad Street Suite 2000 Tysons, VA 22102 United States	+1 (703) 873- 6606	dbranson@tegna. 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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	<b>Michael Beder , Esq</b> <i>Associate General Counsel</i> TEGNA Inc.	8350 Broad Street Suite 2000 Tysons, VA 22102 United States	+1 (703) 873-6902	mbeder@tegna.com	Legal Representative

Main Studio Location	Section	Question	Response
	Main Studio Address	Country	US
		PO Box	
		Address Line 1	One Congress Square
		Address Line 2	
		City	Portland
		State	ME
		Zip Code	04101
		Phone	+1 (207) 523-2937

# Control Point Location

Section	Question	Response
Control Point Address	Address Line 1	1001 Wood Ridge Center
	Address Line 2	
	City	Charlotte
	State	NC
	Zip Code	28217
	Phone	+1 (980) 326-2482

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.	Marc S Sher , Esq . Secretary 08/29/2022

Information not provided.

#### Attachments