

## Resumption of Operations of a DTV Station Application

File Number:	Submit Date: 08/12/2009	Call Sign: <b>KJWY</b>	Facility ID: 1283	FRN: <b>0</b>	007580152	State:
Delaware	City: WILMINGTON					
Service: DTV	Purpose: Resume Operations	Status: Granted	Status Date: 08/19	9/2009	Expiration Da	ite:
Filing Status:	Active					

General Information	Section Que	estion	R	esponse
Applicant	Applicant Name, Type, and Co	ontact Information		
Information	Applicant	Address	Phone	Email Applicant Type
	<b>PMCM TV, LLC</b> <b>Applicant</b> Doing Business As: PMCM TV, LLC	63 WEST PARISH ROAD CONCORD, NH 03301 United States	+1 (732) 245-4705	Other

## **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)	HARRY F. COLE, ESQ. FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	COLE@FHHLAW. COM	Legal Representative

Station Status	Question	Response
	Resuming Power Operations:	
	Date Station Resumed Power	

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 provious use of the same, whether by subhrization or otherwise, and requests an Authorization in accordance with this application (See Section 344 of the Communications Act of 1394, 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. \$982, because of a conviction for possession or distribution of a controlled substance. This conflication does not apply to applications filed in services exempted under \$1.2002(t) of the rules, 47 CFR \$1.2002(t), of the definition of "party to the application" as used in this cartification of subjection, and are true, complete, cortect, and made in application, and are true, complete, cortect, and made in good taith.   Authorized Party to Sign Upon grant of this application or subject ocertain cortexing or coverage requirements. Failure to mast the construction or coverage requirements. Failure to mast the application, the Authorization. Holder may be explication, and are true, complete, other this popt or ANY ATTACHMENTS ARE PUNSHABLE BY FINE AND OR ANY ATTACHMENTS ARE PUNSHABLE BY FINE A	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anth-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 §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002   Authorized Party to Sign FALURE 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. Failure to meet the construction or coverage requirements. Failure to meet the construction or coverage requirements. Will result in automatic cancellation to the Authorization. Consult appropriate FOC regulations to determine the construction or coverage requirements. Failure to meet the construction or coverage requirements. Will result in automatic cancellation of the Authorization. Consult appropriate FOC regulations to determine the construction or coverage requirements. Will result in automatic cancellation on the Authorization. Consult appropriate FOC regulations to determine the construction or coverage requirements. Failure to meet the construction or coverage requirements. Will result in automatic cancellation the PINE AND/OR MAND/OR MORTENT (U.S. Code, Title 47, §303).   I certify that this application includes all required and I certify that this application includes all required and			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	
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			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	
		Authorized Party to Sign	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.	
I declare, under penalty of perjury, that I am an authorized <b>HARRY F. COLE</b> representative of the above-named applicant for the			relevant attachments. I declare, under penalty of perjury, that I am an authorized	HARRY F. COLE

Attachments	File Name	Uploaded By	Attachment Type	Description
	<u>1327410_781911.txt</u>	Applicant	All Purpose	EXHIBIT 3 - AUTHORIZATION