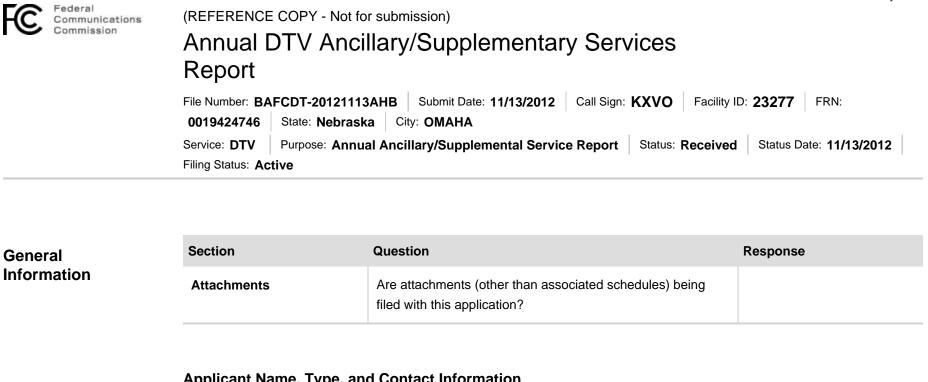
Applicant



## Applicant Information

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

| Applicant   | Address  | Phone                 | Email Type |
|---|--|-----------------------|------------|
| MITTS TELECASTING COMPANY, LLC<br>Applicant<br>Doing Business As: MITTS TELECASTING COMPANY,<br>LLC | 205 SOUTH WEST<br>ST.<br>SUITE A<br>VISALIA, CA 93291<br>United States | +1 (559) 625-<br>4234 | 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<br>Representatives<br>(1) | Contact Name                                  | Address          | Phone                 | Email                     | Contact Type            |
|-----------------------------------|---|------------------|-----------------------|---------------------------|-------------------------|
|                                   | MICHAEL D. BASILE,<br>ESQ.<br>DOW LOHNES PLLC | United<br>States | +1 (202) 776-<br>2000 | MBASILE@DOWLOHNES.<br>COM | Legal<br>Representative |

Ancillary /Supplementary Services

|  | Section                             | Question  | Response        |
|--|-------------------------------------|---|-----------------|
|  | General Certification<br>Statements | The Applicant waives any claim to the use of any particular<br>frequency or of the electromagnetic spectrum as against the<br>regulatory power of the United States because of the<br>previous use of the same, whether by authorization or<br>otherwise, and requests an Authorization in accordance with<br>this application (See Section 304 of the Communications Act<br>of 1934, as amended.).   |                 |
|  |                                     | The Applicant certifies that neither the Applicant nor any<br>other party to the application is subject to a denial of Federal<br>benefits pursuant to §5301 of the Anti-Drug Abuse Act of<br>1988, 21 U.S.C. §862, because of a conviction for<br>possession or distribution of a controlled substance. This<br>certification does not apply to applications filed in services<br>exempted under §1.2002(c) of the rules, 47 CFR . See §1.<br>2002(b) of the rules, 47 CFR §1.2002(b), for the definition of<br>"party to the application" as used in this certification §1.2002<br>(c). The Applicant certifies that all statements made in this<br>application and in the exhibits, attachments, or documents<br>incorporated by reference are material, are part of this<br>application, and are true, complete, correct, and made in<br>good faith.  |                 |
|  | Authorized Party to Sign            | <ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE<br/>OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may<br/>be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements<br/>will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the<br/>construction or coverage requirements that apply to the type<br/>of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM<br/>OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND<br/>/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR<br/>REVOCATION OF ANY STATION AUTHORIZATION (U.S.<br/>Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S.<br/>Code, Title 47, §503).</li> </ul> |                 |
|  |                                     | I certify that this application includes all required and relevant attachments.   |                 |
|  |                                     | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.  | THOMAS F. MITTS |

Information not provided.

# Attachments