

(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

 File Number:
 BLSTA-20170410ADP
 Submit Date:
 04/10/2017
 Lead Call Sign:
 KWTW
 Facility ID:
 86741

FRN: 0028180875

Service: Full Power FMPurpose: Request for Silent STAStatus: GrantedStatus Date: 05/03/2017Filing Status:Active

General Information	Section	Question			Response		
	Attachments		Are attachments (other than associated schedules) being filed with this application?				
Applicant Information	Applicant Name, Type, and Contact Information						
momation	Applicant	Address	Phone	Email	Applicant Type		
	LIVING PROOF, INC. Applicant Doing Business As: LIVING PROOF, INC.	P. O. BOX 637 BISHOP, CA 93515 United States	+1 (866) 466- 5989	FRIAR@FRIARSW COM	/EB. OTH		
Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type		
	MATTHEW H. MCCORMICK Fletcher, Heald & Hildreth, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	MCCORMICK@FHHL	AW. Legal Representative		
Station Status	Section	Question		Re	esponse		
	Station Status	Date the station went/will go silent:			/01/2017		
		Reason for going silent:			Technical		

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.).		

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	BRIAN LAW
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). 	
	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.	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1754870_1446036.txt</u>	Applicant	All Purpose	REASON FOR REQUEST	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\74\A-1754870 F-86741 L- 74184-BLSTA-20170410ADP.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion