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

File Number:**BLESTA-20130416AAY**Submit Date:**04/16/2013**Lead Call Sign:**KXCL**Facility ID:**164277**

FRN: 0016957680

Applicant

Doing Business As: UNITED STATES

Service: Full Power FM Purpose: STA Extension Status: Granted

Filing Status: Active Status Date: 07/11/2013

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General Information	Section	Question		Respons	se
	Attachments	Are attachments (other than associated schedules) being filed with this application?			
Applicant	Applicant Name, Type, a	and Contact Information			
Information	Applicant	Address	Phone	Email	Applicant Type
	UNITED STATES CP, LLC	1311 SWANNER	+1 (336) 307-	PRKR3611@AOL.	OTH

COURT

HIGH POINT, NC

	CP, LLC	27262 United States			
Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
(1)			±1 (703) 761-		l enal

A. WRAY FITCH III	8280 GREENSBORO DRIVE, 7TH	+1 (703) 761-	AWF@GG-LAW.	Legal
GAMMON & GRANGE,	FLOOR	5013	COM	Representative
P.C.	MCLEAN, VA 22102-3807			
	United States			

3828

Extension Request	Section	Question	Response
	Extension Request	Reason for going silent:	Technical
		Please enter the new requested expiration date:	

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.	W. PHILLIP ROBISON
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>1551014_1103390.txt</u>	Applicant	All Purpose	SILENT STA EXTENSION REQUEST	Done with Virus Scan and /or Conversion
D:\data\prod\cdbs\letters\\42\A-1551014_F- 164277_L-42253-BLESTA-20130416AAY.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and /or Conversion