

## (REFERENCE COPY - Not for submission) Form 380 - Permittee Initial Request

 File Number:
 0000220465
 Submit Date:
 09/05/2023
 Lead Call Sign:
 KSOA
 Facility ID:
 767193

## FRN: 0006395925

Service: Full Power FMPurpose: Call Sign Request (Permittee Initial)Status: GrantedStatus Date: 09/05/2023Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No
Fees, Waivers,	Section	Question	Response

Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	Yes
		Indicate reason for fee exemption:	Applicant is non-profit
		Is the applicant exempt from FCC regulatory Fees?	Yes
	Waivers	Does this filing request a waiver of the Commission's rule (s)?	No
		Total number of rule sections involved in this waiver request:	

## Applicant **Applicant Name, Type, and Contact Information** Information Phone Applicant Address Email **Applicant Type CSN** International, Inc. Scott Spencer +1 (208) 734-6633 scott@csnradio.com NFP 4002 N. 3300 E. TWIN FALLS, ID 83301 **United States** Contact **Contact Name** Address Phone Email **Contact Type** Representatives (2) SCOTT SPENCER +1 (208) 734-Scott Spencer scott@csnradio. Technical 4002 N. 3300 E. TECHNICAL 6633 com Representative REPRESENTATIVE TWIN FALLS, ID 83301 **CSN INTERNATIONAL United States** tepperlaw@aol. **Cary Tepper** Cary S. Tepper +1 (301) 718-Legal Representative LEGAL REPRESENTATIVE 4900 AUBURN AVENUE 1818 com SUITE 100 Tepper Law Firm, LLC Bethesda, MD 20814 **United States** Call Sign Ouestie Section Request Permittee

	Question	Response
Initial Request	Requested Call Sign	KSOA
	File/Permit Number	0000167437
	Effective Date	09/11/2023

The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.

N/A

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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)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	MICHAEL KESTLEF PRESIDENT 09/05/2023

## Attachments

Information not provided.