01/09/2024



(REFERENCE COPY - Not for submission) Form 380 - Change Request

 File Number:
 0000234129
 Submit Date:
 12/27/2023
 Lead Call Sign:
 KOSE-FM
 Facility ID:
 52904

FRN: 0032725251

 Service:
 Full Power FM
 Purpose:
 Call Sign Request (Change)
 Status:
 Granted
 Status Date:
 01/08/2024
 Filing Status:

 Active

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General Information	Section	Question			Response			
internation	Attachments	Are attachments (other than associated schedules) being filed with this application?			No			
Fees, Waivers, and Exemptions	Section	Question			Response			
	Fees	Is the applicant exempt from FCC application Fees?				No		
		Indicate reason for fee exemption:						
		Is the	Is the applicant exempt from FCC regulatory Fees?				No	
	Waivers	Does this filing request a waiver of the Commission's rule (s)?				No		
		Tota	I number of rule sec	tions involved in thi	s waiver request:			
	Application Type		Call Sign	Facility ID	Fee Code		Fee Amount	
	Call Sign Request (Change)				MBR		\$190.00	
					Total			
Applicant	Applicant Name, Type, a	nd Co	ontact Informati	ion				
Information	Applicant		Address	Phone	Email		Applicant Type	
	The Bobby D. Caldwell Revoc Trust	able	PO Box 789 Wynne, AR 72396 United States	+1 (870) 238- 8141	bobbycaldwell@c com	ablelynx	. COR	
Contact Representatives (1)	Contact Name		Address	Phone	Email		Contact Type	
	Dan J Alpert <i>Legal Counsel</i> THE LAW OFFICE OF DAN J. ALPERT		2120 21st Rd. N Arlington, VA 22201 United States	+1 (703) 243- 8690	DJA@COMM TV	LAW.	Legal Representative	
Call Sign Request	Section	Question			Response			
	Change Request	Requested Call Sign			KOSE-FM			

Effective Date

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

Yes

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	 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). 	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Dan J Alpert Legal Counsel 12/27/2023

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KQXF - KOSE-FM Statement. Concerning Conformed Call Sign.pdf	Applicant	Change Request	Statement of Consent of Licensee of KOSE(AM)	Done with Virus Scan and/or Conversion