

# (REFERENCE COPY - Not for submission) Suspension of Operations of a Full Power FM Station Application

File Number:0000197737Submit Date:08/16/2022Lead Call Sign:KLLUFacility ID:94212

#### FRN: 0004121000

Service: Full Power FMPurpose: Suspension of OperationsStatus: ReceivedStatus Date: 08/06/2022Filing Status:Inactive

| General<br>Information | Section     | Question   | Response |
|------------------------|-------------|--|----------|
|                        | Attachments | Are attachments (other than associated schedules) being filed with this application? | No       |

### Applicant Information

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

| Applicant   | Address   | Phone                | Email                         | Applicant Type |
|---|---|----------------------|-------------------------------|----------------|
| EDUCATIONAL MEDIA<br>FOUNDATION<br>Doing Business As: EDUCATIONAL<br>MEDIA FOUNDATION | 5700 WEST<br>OAKS BLVD<br>ROCKLIN, CA<br>95765<br>United States | +1 (916)<br>251-1600 | EFILE@EMFBROADCASTING.<br>COM | NFP            |

# Contact Representatives (2)

| Contact Name  | Address  | Phone                | Email                         | Contact Type                |
|---|--|----------------------|-------------------------------|-----------------------------|
| <b>LINDA ADAMS</b><br>EDUCATIONAL MEDIA<br>FOUNDATION | 5700 WEST OAKS BLVD<br>ROCKLIN, CA 95765<br>United States                      | +1 (916)<br>251-1600 | EFILE@EMFBROADCASTING.<br>COM | Technical<br>Representative |
| MARY O'CONNOR<br>WILKINSON BARKER<br>KNAUER, LLP      | 1800 M.STREET, N.W.,<br>SUITE 800N<br>WASHINGTON, DC<br>20036<br>United States | +1 (202)<br>383-3351 | MOCONNOR@WBKLAW.COM           | Legal<br>Representative     |

# **Station Status**

| Section        | Question                           | Response   |
|----------------|------------------------------------|------------|
| Station Status | Date Station Suspended Operations: | 08/06/2022 |

| Certification | 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<br>with this application (See Section 304 of the<br>Communications Act 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<br>Federal benefits pursuant to §5301 of the Anti-Drug Abuse<br>Act of 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<br>of "party to the application" as used in this certification §<br>1.2002(c). The Applicant certifies that all statements made<br>in this application and in the exhibits, attachments, or<br>documents incorporated by reference are material, are part<br>of this application, and are true, complete, correct, and<br>made in 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<br/>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<br/>/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.  | Jon William Reeves<br>CEO<br>08/16/2022 |

# Attachments

| File Name                            | Uploaded By | Attachment Type | Description                     | Upload Status                             |
|--------------------------------------|-------------|-----------------|---------------------------------|---|
| Notice of Suspension<br>Exhibit.docx | Applicant   |                 | Notice of<br>Suspension Exhibit | Done with Virus Scan and/or<br>Conversion |