No

No



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

File Number: 0000199609 Submit Date: 09/09/2022 Lead Call Sign: KMMA Facility ID: 24583

FRN: 0014042816

Waivers

Service: Full Power FM Purpose: Call Sign Request (Change) Status: Granted Status Date: 09/12/2022 Filing Status: Active

General Information	Section	Question	Response
	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:	

-	Total number of rule sections involved in this waiver request:				
Application Type	Call Sign	Facility ID	Fee Code	Fee Amount	
Call Sign Request (Change)			MBR	\$170.00	
			Total		

Is the applicant exempt from FCC regulatory Fees?

Does this filing request a waiver of the Commission's rule

Applicant

Applicant Name, Type, and Contact Information

(s)?

Information

Applicant	Address	Phone	Email	Applicant Type
IHM LICENSES, LLC	FCC Contact 7136 S. YALE AVENUE SUITE 501 TULSA, OK 74136 United States	+1 (918) 664- 4581	FCCCONTACT@IHEARTMEDIA. COM	LLC

Contact Representatives (1)	Contact Name	Address		Phone	Email		Contact Type
	Troy Langham V iHeartMeida	7136 SOUTH AVENUE SUITE 501 TULSA, OK 7 United States	4136	+1 (918) 664- 4581	TROYLANGHAM@IHEARTI COM	MEDIA.	Technical Representative
Call Sign Request	Section Change Reques	st	Question Requested	Call Sign		Res KMN	ponse /A

Effective Date	09/16/2022
The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.	N/A

	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.	Troy G Langham VP, Technical Regulatory Affairs
			09/09/2022

Attachments Information not provided.