

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

File Number: **0000221118** | Submit Date: **09/19/2023** | Lead Call Sign: **KVSE** | Facility ID: **84100** |

FRN: **0008670002**

Service: **Full Power FM** | Purpose: **Call Sign Request (Exchange)** | Status: **Granted** | Status Date: **09/19/2023** |
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?	Yes
	Indicate reason for fee exemption:	Noncommercial Educational
	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 Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FAMILY LIFE EDUCATIONAL FOUNDATION Doing Business As: FAMILY LIFE EDUCATIONAL FOUNDATION	Donna Cole 6652 N. CLUB DRIVE SHREVEPORT, LA 71107 United States	+1 (318) 393-9300	dcole@miracle891.org	NFP

Contact Representatives (3)

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Call Sign

Request

Section	Question	Response
Exchange Request	Effective Date	09/26/2023
	Licensee 1 Current Call Sign	KVSE
	Licensee 1 Requested Call Sign	KVSE
	Licensee 2 Current Call Sign	KKML
	Licensee 2 Requested Call Sign	KFLO-FM
	I certify that the document attached demonstrates a legally binding contract of call sign transfer.	Yes

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.).	
	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.	AT Moore <i>President</i> 09/19/2023

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
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<u>KFLO-FM Call Sign Exchange Request</u> <u>(expl).pdf</u>	Applicant	Exchange Request	Explanation	Done with Virus Scan and /or Conversion
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