



(REFERENCE COPY - Not for submission)

Request to Extend a Full Power FM Engineering STA Application

File Number: **0000223726** | Submit Date: **10/24/2023** | Lead Call Sign: **KSLU** | Facility ID: **61234** |FRN: **0001706639**Service: **Full Power FM** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **10/31/2023** | Filing Status: **Inactive**

General Information

| Section | Question | Response |
|-------------|--|----------|
| Attachments | Are attachments (other than associated schedules) being filed with this application? | |

Fees, Waivers, and Exemptions

| Section | Question | Response |
|---------|---|----------|
| 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 |
|--|---|----------------------|--------------------------------------|----------------|
| SOUTHEASTERN LOUISIANA UNIVERSITY Doing Business As: SOUTHEASTERN LOUISIANA UNIVERSITY | Damon Sunde SLU BX 783 UNIVERSITY STATION HAMMOND, LA 70402 United States | +1 (985) 549-3774 | damon. sunde@southeastern. edu | GOE |

Contact Representatives (4)

| Contact Name | Address | Phone | Email | Contact Type |
|--|--|----------------------|--------------------------------------|--------------------------|
| William T. Godfrey , Jr . <i>Consulting Engineers</i> Kessler and Gehman Associates, Inc. | William T. Godfrey, Jr. Kessler and Gehman Associates, Inc. 507-D NW 60th Street Gainesville, FL 32607 United States | +1 (352) 332-3157 | bill@kesslerandgehman. com | Technical Representative |
| CHARLES L SPENCER PHELPS DUNBAR, L.L.P. | CHARLES L. SPENCER 400 Convention Street, Suite 1100 Suite 1100 Baton Rouge, LA 70802 United States | +1 (225) 376-0235 | Charles. Spencer@Phelps.com | Legal Representative |
| Damon Sunde <i>General Manager</i> Southeastern Louisiana University | SLU 10783 Hammond, LA 70402 United States | +1 (985) 549-3774 | damon. sunde@southeastern. edu | Technical Representative |
| James K. Thomason <i>Consulting Engineers</i> Technical Services Group, Inc. | James K. Thomason 7000 Exchequer Drive Baton Rouge, LA 70809 United States | +1 (352) 286-5218 | jim.thomason@tsgcom. com | Technical Representative |

Extension Request

| Section | Question | Response |
|-------------------|---|------------|
| Extension Request | Please enter the new requested expiration date: | 04/30/2024 |

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. | Damon Sunde <i>Assistant Athletic Director for Broadcast Services</i> 10/24/2023 |

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|---|-------------|---------------------|-----------------------------------|---|
| KSLU Anti-Drug-Act-Certification 102423.pdf | Applicant | General Information | Anti-Drug Abuse Act Certification | Done with Virus Scan and /or Conversion |
| KSLU Resumption-Extension 102423.pdf | Applicant | Extension Request | Extension request narrative | Done with Virus Scan and /or Conversion |

