

(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

 File Number:
 BLSTA-20190129AAO
 Submit Date:
 01/29/2019
 Lead Call Sign:
 KPWY
 Facility ID:
 177038

FRN: 0004076824

Service: Full Power FMPurpose: Request for Silent STAStatus: GrantedStatus Date: 03/11/2019Filing Status:Active

General Information	Section	tion Question				Response			
				ents (other than associated schedules) being application?					
Applicant Information	Applicant Name, Type, and Contact Information								
Information	Applicant			Address	Phone	Email		Applicant Type	
	HI-LINE RADIO FELLOWSHIP, INC. Applicant Doing Business As: HI-LINE RADIO FELLOWSHIP, INC.		P.O. BOX 2426 HAVRE, MT 59501 United States	+1 (406) 265- 5845	265- YNOPFM@GMAIL. COM		OTH		
Contact Representatives	Contact Name	Address		Phone	Email		Con	tact Type	
(1)	RON HUCKEBY	2001 ABERDEEN ST. BUTTE, MT 59701-5514 United States		+1 (406) 491-4998 RHUCKEBY		BY@SBE.OI	Y@SBE.ORG Legal Representative		
Station Status	Section Questio		Question				Response		
	Station Status Date the		Date the static	tation went/will go silent:				01/29/2019	
			Reason for go	ping silent:			Technical		
			,						

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.).	

	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.	BRENT SCHELLIN
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	
	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.	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1799314_1527294.txt</u>	Applicant	All Purpose	REQUEST EXPLANATION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\90\A-1799314_F- 177038_L-90083-BLSTA-20190129AAO.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion