

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

 File Number:
 Submit Date: 05/01/2020
 Lead Call Sign: KWRY
 Facility ID: 164276

FRN: 0004121000

 Service:
 Full Power FM
 Purpose:
 Resume Operations
 Status:
 Granted
 Status Date:
 05/04/2020
 Filing Status:

 Active
 Filing Status
 Status
 Status Date:
 05/04/2020
 Filing Status:

General Information	Section	Question			se	
	Attachments	Are attachments (other than associated schedules) being filed with this application?				
Applicant	Applicant Name, Type, and Contact Information					
Information	Applicant	Address	Phone E	Email	Applicant Type	
	EDUCATIONAL MEDIA FOUNDATION Applicant Doing Business As: EDUCATIO MEDIA FOUNDATION	5700 WEST OAKS BLVD. ROCKLIN, CA ONAL 95765 United States	()	EFILE@EMFBROADCASTING COM	. OTH	
Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type	
	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	1800 M STREET, N. W. SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 783- 4141	MOCONNOR@WBKLAW. COM	Legal Representative	
Otation Otatua						
Station Status	Section	Question		Respon	se	

Section	Question	Response
Station Status	Date the station resumed full power/operations:	04/30/2020

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.).	
		1

	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.	JON WILLIAM REEVES

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1817495_1564406.txt</u>	Applicant	All Purpose	EXHIBIT 3	Done with Virus Scan and/or Conversion