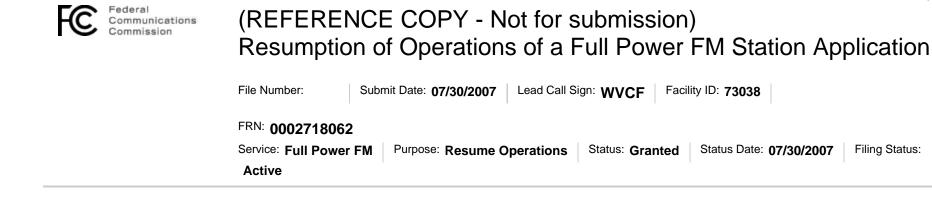
Filing Status:



General Information	Section		Question					Response	
	Attachments		Are attachments (other than associated schedules) being filed with this application?						
Applicant	Applicant Name, Type, and Contact Information								
Information	Applicant		Address		Phone		Email		Applicant Type
	VCY AMERICA INC. Applicant Doing Business As: VCY AMERICA INC.		3434 W. KILBOURN AVE MILWAUKEE, WI 53208 United States		+1 (414) 935- 3000		VCY@VCYAN ORG	MERICA.	OTH
Contact Representatives (1)	Contact Name WAYNE D.	Address	TREET, NW	Phone +1 (202)	719-	Email WJOHN	SEN@WILEYR	EIN.	Contact Type
	JOHNSEN WILEY REIN LLP	20006	SHINGTON, DC		7000 COM		-		Representative
Station Status	Section		Question				Respo	nse	
	Station Status		Date the station resumed full power/operations:					07/29/2007	

Question	Response
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 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

	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.	VIC ELIASON

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	
	<u>1197504_513684.</u> <u>txt</u>	Applicant	All Purpose	END SILENT AUTHORITY	Done with Virus Scan and/or Conversion	