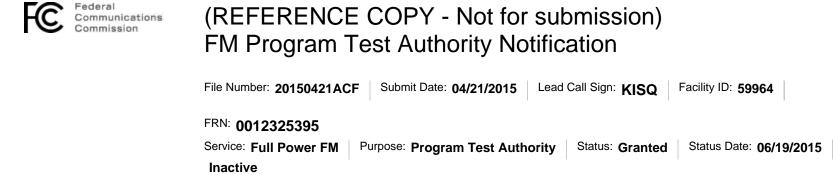
Filing Status:



| General Information | Section | Question | | | Response | |
|----------------------------|---|------------------------------------|--------------------------------------|----------------|----------------|--|
| | Attachments | Are attachments filed with this ap | s (other than associa oplication? | eing | | |
| Applicant Information | Applicant Name, Type, and Contact Information | | | | | |
| Information | Applicant Ad | dress | Phone | Email | Applicant Type | |
| | | | | | | |
| Contact Representatives | Contact Name Address Phone Email Contact T | Contact Type | | | | |
| (0) | | | | | | |
| Station Status | Section | Question | | | Response | |
| | Station Status | Date station cor | nmenced Program 1 | est Authority: | 06/19/2015 | |

| on | 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 | |

Attachments

Information not provided.