

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

 File Number:
 Submit Date: 10/13/2020
 Lead Call Sign: KMDG
 Facility ID: 164239

## FRN: 0019584531

Service: Full Power FMPurpose: Resume OperationsStatus: GrantedStatus Date: 10/14/2020Filing Status:Active

General Information	Section	Qu	Question			Response	Response	
	Attachments		Are attachments (other than associated schedu filed with this application?			lules) being		
Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant		Address		Phone		Email	Applicant Type
	DIVINE MERCY RADIO, IN Applicant Doing Business As: DIVINE MERCY RADIO, INC.		108 E. 12TH STREET, SUIT HAYS, KS 6760 United States		+1 (78 621-41		DONETTA@DVMERCY. COM	ОТН
Contact Representatives (1)	Contact Name	Addre	SS	Phon	e	Emai	I	Contact Type
	<b>DENNIS J. KELLY</b> LAW OFFICE OF DENNIS J. KELLY	41177 WASH 20018-	POST OFFICE BOX 1177 VASHINGTON, DC 20018-0577 Jnited States		+1 (202) E 293-2300 N		LYFCCLAW1@COMCAST.	Legal Representative

Station Status	Section	Question	Response	
	Station Status	Date the station resumed full power/operations:	10/09/2020	

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.).	

	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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	LESTER J. ROBBEN

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	
	<u>1822342_1574125.</u> <u>txt</u>	Applicant	All Purpose	RESUMPTION OF OPERATIONS	Done with Virus Scan and/or Conversion	