

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

 File Number:
 BLESTA-20190507ABK
 Submit Date:
 05/07/2019
 Lead Call Sign:
 KELE-FM
 Facility ID:
 12714

FRN: 0006015523

Service: Full Power FM Purpose: STA Extension Status: Granted Status Date: 05/23/2019 Filing Status: Active

General Information	Section	Question			Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?				
Applicant	Applicant Name, Type, ar	nd Contact Information	on			
Information	Applicant	Address	Phone	Email	Applicant Type	
	OZARK MEDIA Applicant Doing Business As: OZARK MEDIA	555 MARSHALL DRIVE ST. ROBERT, MO 65536 United States	+1 (573) 336- 5359	BETH@OZARKMI COM	EDIA. OTH	
Contact						
Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type	
	GREGG P. SKALL, ESQ. WOMBLE BOND DICKINSON (US) LLP	1200 19TH STREET, N. W. SUITE 500 WASHINGTON, DC 20036-2421 United States	+1 (202) 857- 4441	GREGG.SKALL@ US.COM	≌WBD- Legal Representative	
Extension Request	Section	Question			Response	
	Extension Request	Reason for going silent:		(Other	
		Please enter the new requested expiration date:				

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.).		

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	BETH CHISM
uthorized 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). 	
	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>1804339_1537649.txt</u>	Applicant	All Purpose	JUSTIFICATION FOR EXTENSION OF STA	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\91\A-1804339 F- 12714 L-91090-BLESTA-20190507ABK.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion