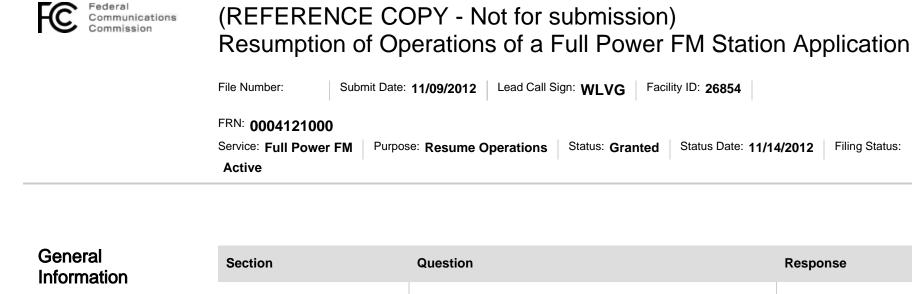
Filing Status:

**Applicant Type** 

11/07/2012



## Response Attachments Are attachments (other than associated schedules) being filed with this application?

7264

COM

## Applicant

**Applicant Name, Type, and Contact Information** 

Applicant

Doing Business As: TUGART

PROPERTIES, LLC

**Station Status** 

Information	
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Applicant Address Phone Email **TUGART PROPERTIES, LLC** P.O. DRAWER +1 (706) 297-SUTTON@GACARADIO. OTH

30577

TOCCOA, GA

**United States** 

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Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
(1)	TUGART PROPERTIES, LLC	P.O. DRAWER E TOCCOA, GA 30577 United States	+1 (706) 297- 7264	SUTTON@GACARADIO. COM	Legal Representative
Station Status	Section	Question		Re	sponse

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.).	

Date the station resumed full power/operations:

Authorized Party to Sign	<ul> <li>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.</li> <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. 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 to the to the turn.</li> </ul>	
	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	DOUGLAS M. SUTTON

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1524266_1071617.</u> <u>txt</u>	Applicant	All Purpose	WNGA RESUMES OPERATIONS	Done with Virus Scan and/or Conversion