

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

File Number:	Submit Date: 01/11/2007	Lead Call Sign: KYSN	Facility ID: 63883
FRN: 0030479497			
Service: Full Power FM	Purpose: Suspension of Operations	Status: Granted	Status Date: 01/16/2007
Active			

General Information	Section	Question	Response		
	Attachments	Are attachments (other than associated schedules) being filed with this application?			
Applicant Information	Applicant Name, Type, and Contact Information				
	Applicant	Address	Phone	Email	Applicant Type
	CCR-WENATCHEE IV, LLC	501 S. CHERRY STREET, STE 480			
	Applicant	DENVER, CO 80246	+1 (303) 468-6500		OTH
	Doing Business As: CCR-WENATCHEE IV, LLC	United States			
Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type
	ELIZABETH HAMMOND	1500 K STREET, N.W. SUITE 1100			
	DRINKER BIDDLE & REATH LLP	WASHINGTON, DC 20005	+1 (202) 842-8843	ELIZABETH.HAMMOND@DBR.COM	Legal Representative
		United States			
Station Status	Section	Question	Response		
	Station Status	Date Station Suspended Operations:			
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.). 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.			
		FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID			

Authorized Party to Sign

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.

JOSEPH SCHWARTZ

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
1167430_461281.txt	Applicant	All Purpose	EXPLANATION	Done with Virus Scan and/or Conversion