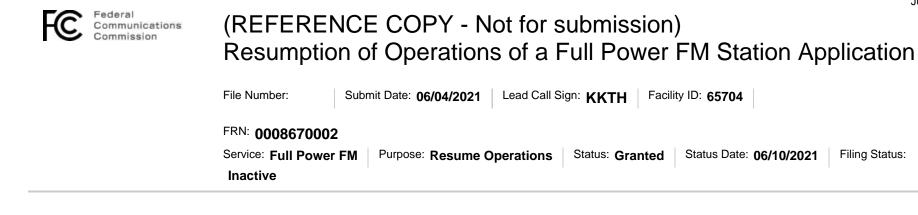
Filing Status:



General Information	Section	Que	Question			Response	
	Attachments		Are attachments (other than associated schedules) being filed with this application?				
Applicant Information	Applicant Name, Type, and Contact Information						
mornation	Applicant		Address	Phone	Email		Applicant Type
	DELMARVA EDUCATIONAL ASSOCIATION Applicant Doing Business As: DELMARVA EDUCATIONAL ASSOCIATION		3780 WILL SCARLET ROAD WINSTON- SALEM, NC 27104 United States	+1 (336) 765-7438	JONATHAN@JACKSONVILLE. RADIO		ОТН
Contact Representatives (1)	Contact Name	Address		Phone	Email		Contact Type
	DAVINA SASHKIN, ESQ. BAKER & HOSTETLER LLP	1050 CONNECTICUT AVENUE, NW SUITE 1100 WASHINGTON, DC 20036 United States		+1 (202) 861- DSASHKIN@BAKER 1759 COM		KERLAW.	Legal Representative
Station Status	Section	Que	stion			Respons	se

Section	Question	Response
Station Status	Date the station resumed full power/operations:	06/04/2021

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.	
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 Authorization(s) specified above.	NANCY A. EPPERSON

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	
	<u>1826326_1579543.</u> <u>txt</u>	Applicant	All Purpose	RESUMPTION OF OPERATIONS	Done with Virus Scan and/or Conversion	