

Filing Status: Inactive

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

File Number:**BLESTA-20211202AAC**Submit Date:**12/02/2021**Lead Call Sign:**KXKR**Facility ID:**2185**

FRN: 0005641998

Service: Full Power FM Purpose: STA Extension Status: Granted Status Date: 01/31/2022

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						
Information	Applicant		Address	Phone	Email		Applicant Type
	COCHISE BROADCASTING, Applicant Doing Business As: COCHISE BROADCASTING, LLC		PO BOX 1106 JACKSON, W 83002 United States	()	12- MARSHALL@ COM	₽FHHLAW.	ОТН
Contact Representatives	Contact Name	Address		Phone	Email		Contact Type
(1)	SUSAN MARSHALL, ESQUIRE FLETCHER HEALD & HILDRETH	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States		+1 (703) 812- 0482	MARSHALL@FHHLAW. COM		Legal Representative
Extension							
Request	Section	Question				Respons	Se
	Extension Request	Reason fo	or 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.	TED TUCKER
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>1829376_1582797.txt</u>	Applicant	All Purpose	SILENT STA EXTENSION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\100\A-1829376 F-2185 L- 100530-BLESTA-20211202AAC.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion